**Section 1: Provider Details**

|  |  |
| --- | --- |
| Name |       |

|  |  |
| --- | --- |
| Address |       |

|  |  |
| --- | --- |
| Telephone No. |       |

|  |  |
| --- | --- |
| Email Address |       |

|  |  |
| --- | --- |
| Ofsted Registration No.  |       |

**Section 2: Current Position**

|  |  |
| --- | --- |
| Has the Early Years Team been contacted? |       |

|  |  |
| --- | --- |
| Is the business at risk of immediate closure (within 3 months)? |       |
| Is the business able to meet all immediate operational costs? |       |
| Date staff are paid each month |       |
| Estimated shortfall in monthly income |       |

|  |  |
| --- | --- |
| Number of funded children on roll? |       |
| Number of non-funded children on roll? |       |
| Occupancy level  |      % |
| Do you have a wait list? |       |
| During the summer term did the business make a loss? |       |

**Section 2: Your Recovery Plan**

Please include with this Expression of Interest,

**a short video presentation**

**or**

**in no more than 1000 words describe your recovery plan**

As a minimum, **either** option should include –

1. Reason(s) for your current financial position
2. The current childcare offer to families
3. Your plans to achieve a sustainable business
4. Any research undertaken and the results to establish future demand for places
5. Risks to the plans
6. Time scales

Please email to earlyyearsfundingpanel@norfolk.gov.uk