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| **Provider Name:** |

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| **Partnerships**  This section should ONLY be submitted where you have entered a formal partnership with other providers to enable families to access their child’s funding entitlement from multiple providers for at least 7.5 hours per day, over 2 or more days a week   |  |  | | --- | --- | | NB: | **Please remember this does not negate the right of parents/carers to choose their childcare provider that best meets their needs or opt how each provider will claim their entitlement** | |  | **I agree that this information can be shared publicly by the Local Authority and have received consent from the providers listed below that their details can be linked to my provision when shared with the Local Authority, Partners and Parents/Carers.** | |

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| Ofsted Registration No. | Sector | Provider Name | Provider  Postcode |
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