

**SCOTTISH MILK AND HEALTHY SNACK SCHEME 2024-25**

**APPLICATION FORM**

Please complete and return this application form to [earlyyears.manager@fife.gov.uk](mailto:earlyyears.manager@fife.gov.uk) to register for the Scottish Milk and Healthy Snack Scheme. This scheme is administered on behalf of the Scottish Government by Fife Council for settings registered with the Care Inspectorate to provide either childcare or day care of children and based within the Fife Council Local Authority area.

Before completing this form, please ensure you have read the statutory guidance available at:  
[Scottish Milk and Healthy Snack Scheme: statutory guidance - gov.scot (www.gov.scot)](https://www.gov.scot/publications/scottish-milk-healthy-snack-scheme-statutory-guidance-local-authorities-participating-registered-day-care-settings/)

**PROVIDER DETAILS**

|  |  |
| --- | --- |
| Name of Service  (as shown on your CI Registration Certificate): |  |
| Type of Service (please tick): | Daycare of children  Childminder |
| CI Registration Number: |  |
| Registered Address (including postcode): |  |
| Telephone Number: |  |
| Email Address: |  |
| Name of Main Contact: |  |
| Address where children cared for  (if different from registered address): |  |

**Cont.**

**PAYMENT DETAILS**

|  |  |
| --- | --- |
| Name of Bank / Building Society: |  |
| Branch Address (including postcode): |  |
| Sort Code: |  |
| Account Number: |  |
| Account Name: |  |
| Building Society Roll Number (if relevant): |  |
| VAT Reg. Number (if relevant): |  |
| Company Registration Number (if relevant): |  |
| Email address for payment remittance: |  |

**DETAILS ABOUT YOUR SERVICE**

|  |  |
| --- | --- |
| How many days per week are you open (Please tick): | 1  2  3  4  5  6  7 |
| What are your opening hours: |  |
| Do you keep attendance records: | Yes  No |
| Maximum Number of children under school age per session at any one time (as per CI Certificate): |  |
| Maximum Number of days open per year (please ensure you do **NOT** count weekends if closed or any holiday periods) |  |

DECLARATION

I confirm I have read and understood ANNEX A of the Scottish Government Guidance, listing the requirements of the scheme, and confirm any monies received will be used to benefit eligible children registered with my service in the way described.

|  |  |
| --- | --- |
| Signature |  |
| Print Name |  |
| Date |  |

Please return this completed form to [earlyyears.manager@fife.gov.uk](mailto:earlyyear.manager@fife.gov.uk) along with a copy of your Care Inspectorate Certificate and a copy of your bank details on headed paper. Once received you will then be sent a spreadsheet to complete and return to estimate the number of servings you will be offering during the current payment period.