

Count me in!

for Early Years Funding and Pupil Premium

Parent/Carer Declaration for Free Entitlements 2017/18



What is Early Years Funding? The government makes available 570 hours of free early learning and childcare per year for:

- **2 year old entitlement** – Some two year olds are entitled if certain criteria is met **Universal entitlement** - All three and four year olds are entitled; eligible date of birth is the only criterion
- **Extended entitlement** - Three and four year olds of working parents may be eligible if certain criteria is met

The 570 hours as a maximum translates to 15 hours a week over 38 weeks in a year or it can be stretched with fewer hours across more weeks, for example, 11.4 hours over 50 weeks.

Before completing this form, please make sure you have read the Information Leaflet which can be found on the county webpages. Go to cambridgeshire.gov.uk/ and search for 'Early Years Funding'.

Applying for Early Years Funding

This form is a mandatory part of the process for claiming Early Years Funding. Your early years provider will be able to support you in your claim and in completing this form. You will need to provide proof of identity for your child..

Name of provider

Ofsted URN No

1) Child details

Legal Forename in full (no nicknames or middle names)

Legal Surname

Name by which child is known if different to above

Date of birth

Extended entitlement code

		Address and post code	
		Gender	Male / Female
	Proof of identity (birth certificate, passport etc)		
		2+ Authorisation Code	

Child's ethnic group (please tick appropriate category from the choice below)

White British	WBR	White/Black Caribbean	MWBC	Indian	AIND
White Irish	WIRI	White/Black African	MWBA	Pakistani	APKN
Traveller of Irish Heritage	WIRT	White and Asian	MWAS	Bangladeshi	ABAN
Gypsy/Roma	WROM	Any other mixed background	MOTH	Any other Asian background	AOTH
Any other White background	WOTH	Black Caribbean	BCRB	Chinese	CHNE
Refuse to provide	REFU	Black African	BAFR	Any other background	OOTH
Info not obtained	NOBT	Any other Black background	BOTH		

2) Siblings if your family has other children who are 0-5 years old living in the home please provide the name and date of birth below.

3) Parent Details

The information in this section is needed to make eligibility or validation checks for extended entitlement, Early Years Pupil Premium, or Disability Access Funding. Completing this section and signing this form gives us permission to use your details to make these checks. Your personal information will be kept by your provider in accordance with their Data Protection policies.

Extended Entitlement The Local Authority will make checks throughout the year regarding your continued eligibility for the extended entitlement and notify your provider if your place is no longer funded.

Early Years Pupil Premium (EYPP) Eligible children will be funded through the provider for the academic year. Regular checks for EYPP are made for families who qualify in year. If you qualify on an economic basis, information must be the eligible parent/carers details.

Economic Check details**Parent/Carer Details Applicant 1****Parent/Carer Details Applicant 2**

Parent/carer's title		
Parent/carer's full name		
National Insurance or NASS No.		
Parent/carer's Date of Birth		
Parent/carer's telephone No.		
Address including post code (if different from child's)		

Other qualifying criteria for EYPP

Please tick and complete if you are able to let us know if the child meets one of these criteria. Your provider may ask to see legal documentation so that they can obtain the funding for your child.

- ☐ Currently in care, state which Local Authority ➔
- ☐ Previously in care in England or Wales
- ☐ Has been adopted from care in England or Wales
- ☐ Has left care under a special guardianship order or residence order in England or Wales

Disability Access Funding (DAF) If your child is in receipt of Disability Living Allowance (DLA) please select Yes below. Let your provider have a copy of the letter confirming the child's entitlement to DLA in order to access DAF. If your child is attending more than one provider, you will need to nominate only one setting where you wish the DAF to go. Your provider will give you information about the DAF.

Is your child in receipt of Disability Living Allowance?

Yes / No

If your child is eligible, who will be your Nominated Provider?

4) Setting and attendance details You will need to agree and complete a form with each setting your child attends. Your child may attend multiple providers but no more than a maximum of two sites in a day. Please provide the number of hours your child will *attend* both paid and unpaid in the section for 'Provider 1' only. Please provide the number of hours you will *claim* as free hours for *both* universal entitlement and extended entitlement with each provider. You and your provider must note any changes you make to your claim/s throughout the year and a supplement of additional tables is provided for noting changes.

Provider 1	Mon	Tues	Wed	Thurs	Fri	Sat / Sun	Total hours/ week	For admin use only			
								Hours/ Autumn	Hours/ Spring	Hours/ Summer	Weeks/ Year
No of hours attending (both free and paid for)											
Free hours claimed											
Provider 2 (please write name of provider)											
Free hours claimed											
Provider 3 (please write name of provider)											
Free hours claimed											
Total free hours across all providers											

If your extended entitlement comes to an end, where will you take your Universal hours?

5) Declaration

In signing this form I am confirming I have read the Information leaflet which gives details of the Early Years Funding for parents/carers. I agree with the conditions of the Early Years Funding and Pupil Premium and the use of my data. I understand that:

- ✓ my provider is not obliged to end the claim without reasonable notification and negotiation unless there are exceptional circumstances.
- ✓ my free place may be withdrawn if my child does not attend regularly unless there are special circumstances and these are agreed with the provider.
- ✓ being in receipt of free childcare gives an automatic registration with my local Children's Centre.
- ✓ my information is being held by Cambridgeshire County Council in accordance with the Data Protection Act 1998 and will be shared with other bodies administering public funds to determine the support available, to verify my initial and ongoing entitlement and also for the prevention and detection of fraud in connection with this claim. I give permission for the Education Welfare Benefit Service to make periodic checks using the secure benefit checking system to confirm my entitlement to education benefits. Information on how the Local Authority handles personal data is given in the Privacy Notice cambridgeshire.gov.uk/data-protection-and-foi/information-and-data-sharing/privacy-statement/

I confirm that the information is true to the best of my knowledge. I understand that any false or incorrect information could lead to funding being withdrawn or reimbursed. Please be aware that to certify false information could be viewed as making a false claim.

Signature of Parent/carer with legal responsibility _____ Date _____

Name (printed) _____ Relationship to child _____

For admin use only

Type of identity seen for child			
Checked by whom?		Date seen	
Legal Name of child as shown on document		Date of birth as shown on document	
Notes			