

# Early Education Funding Parent/Carer Declaration Form



## 1. PROVIDER DETAILS

Name of childcare provider		Child start date at the setting	...../...../.....
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## 2. CHILD DETAILS

First name(s)		Legal Surname		
Preferred Surname		Gender (please tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of birth	...../...../.....	Telephone number		
Home address			Postcode	

**Ethnic Background** (We are required by law to pass the following information to the Department of Education for statistical purposes)

<input type="checkbox"/> White British	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> White Irish	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Chinese
<input type="checkbox"/> White Western European	<input type="checkbox"/> Any Other Mixed Background	<input type="checkbox"/> Korean
<input type="checkbox"/> White Eastern European	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Any Other Asian Background
<input type="checkbox"/> White Other	<input type="checkbox"/> Black African	<input type="checkbox"/> Any Other Ethnic Background
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Any Other Black Background	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> Indian	
<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Pakistani	

## 3. PARENT/CARER DETAILS (below must be completed where a child is claiming **30 Hours Extended Entitlement** and/or **Early Years Pupil Premium**)

If you wish to claim for 30 hours we need your written consent to validate your code. We can't validate the code without your own date of birth and your National Insurance (NI) or National Asylum Support Service (NASS) Number so please complete all boxes in this section; please also sign the box below and the main declaration on the reverse of this form to indicate your consent.

If you believe that your child may qualify for Early Years Pupil Premium, please provide the following information for the main benefit holder to enable your childcare provider to confirm eligibility.

Parent/Carer First Name		Parent/Carer Surname	
Parent/Carer Date of Birth	...../...../.....	Parent/Carer NI or NASS No.	
Parent/Carer Signature			

**4. ELIGIBILITY CODES** (below must be completed where a child is claiming 30 Hours Extended Entitlement or Two Year Old Funding)

30 Hours Eligibility Code	
Two Year Old Funding eligibility code or voucher reference number	

**5. DISABILITY ACCESS FUND (DAF)**

The DAF is an annual payment to the provider of £615 where they care for 3 or 4 year old children in receipt of Disability Living Allowance. The DAF can only be paid to one provider, once per year.

Is your child eligible and in receipt of Disability Living Allowance (DLA)?	Yes <input type="checkbox"/> (please supply your provider with evidence of DLA)
If your child is accessing their early education funding across two or more providers, nominate the provider that should be paid.	

**6. ATTENDANCE AND FUNDING DETAILS**

Provider name	Please enter the number of hours attended each day							Total number of hours attended per week	Total number of hours claimed per week (Universal Entitlement) *	Total number of hours claimed per week (Extended Entitlement) *	Stretched offer (tick if applicable)
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday				
Changes to the original claim (if applicable)											

\* Please see Guidance Notes attached

## 7. DECLARATION

I, the Parent/Carer, can confirm that I have read and understood the form and that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise the provider to claim early years funding as agreed above on behalf of my child.

I understand that if I have given any misleading information on this declaration or have claimed more than the maximum entitlement with one or more providers I may be asked to reimburse the provider(s) or my child's place may be taken away. I understand that if I choose to take less than the full entitlement for my child I agree that BCP Council has no obligation to make arrangements to provide additional hours to ensure my child receives the maximum entitlement over the year.

In addition, I give permission for BCP Council to check my eligibility status with Government departments and hold my details to make further checks for pupil benefits including Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) when my child is at an eligible age.

I understand that if I choose to claim funding using the All Year Round Stretch method (for example 11hrs per week for 51 weeks per year), there will be a loss of some funded hours over the course of the year.

I understand that you will process personal information in accordance with GDPR and the Data Protection Act 2018 (If you would like to know how we use your information, please see the Privacy Notice attached and available on the council website).

Name of Parent/Carer: ..... (please print clearly)

Relationship to Child: .....

Signature: ..... Date: ..... / ..... / .....

## 8. INFORMATION FOR PROVIDERS

This declaration, which is evidence of your Early Education Funding claim, must be retained for future reference (including local authority audits) for at least 1 year following the child leaving your care. Please note however that you may be asked by BCP Council to produce evidence of a claim at any time.

Please indicate which documents have been seen by ticking the relevant box below:

- Birth Certificate
- Passport
- DLA award letter
- Other  .....

I confirm that, to the best of my knowledge, this Parent/Carer Declaration form has been completed correctly.

Name of Childcare Provider: ..... (please print clearly)

Signature of Provider: ..... Date: ..... / ..... / .....