

## EARLY YEARS FUNDED ENTITLEMENT PARENTAL DECLARATION FORM

**1. CHILD DETAILS**

Child's Forename(s)					
Child's Surname(s)					
Name by which child is known (if different from above)					
Date of Birth dd/mm/yyyy	/	/	Gender (please tick) ✓	M	F
Proof of DoB Type Seen (eg Birth Certificate, Passport):	Proof of DoB Witnessed by (staff member name):			Date:	
Home Address:	Previous Home Address: (if you have moved house in the last 6 months)				
Postcode:	Previous Postcode:				
Additional Information **	EHCP <input type="checkbox"/>	LAC <input type="checkbox"/>	ADP <input type="checkbox"/>	Child Arrangement Order / Special Guardianship <input type="checkbox"/>	
<b>** If you have ticked any of the above your Provider may ask you to produce evidence</b> (Definitions: EHCP: Education, Health and Care Plan; LAC: Looked After Child; ADP: Adopted from Care)					

**ETHNICITY of child**

Please indicate your child's ethnicity: (if you do not wish to tell us please tick 'prefer not to say')					
WHB	<input type="checkbox"/> White British	BLB	<input type="checkbox"/> Caribbean	AAO	<input type="checkbox"/> Any other Asian background
WHR	<input type="checkbox"/> White Irish	BLF	<input type="checkbox"/> African	CHE	<input type="checkbox"/> Chinese
WHA	<input type="checkbox"/> Any other white background	BLG	<input type="checkbox"/> Any other Black background	OEO	<input type="checkbox"/> Any other ethnic group
MWA	<input type="checkbox"/> White and Asian	ASR	<input type="checkbox"/> Sri Lankan	WHT	<input type="checkbox"/> Irish Heritage
MWB	<input type="checkbox"/> White and Black Caribbean	AIN	<input type="checkbox"/> Indian	WRO	<input type="checkbox"/> Roma/Roma Gypsy
MBA	<input type="checkbox"/> White and Black African	APK	<input type="checkbox"/> Pakistani	WHO	<input type="checkbox"/> Any other traveller background
MOT	<input type="checkbox"/> Any other mixed background	ABA	<input type="checkbox"/> Bangladeshi	REF	<input type="checkbox"/> Prefer not to say

**2. PARENT/CARER DETAILS**

If you wish to claim for Working Families Childcare, we need your written consent to validate your code. We can't validate the code without your own date of birth and your NI/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 (if you are on certain benefits) please provide the following information for the **main benefit holder** to enable the local authority to run a check to confirm eligibility.

Parent/Carer First Name:		Parent/Carer Surname:	
Parent/Carer Date of Birth:		Parent/Carer NI or NASS Number:	
Parent/Carer Signature:			

**3. ELIGIBILITY CODES – Scan QR to see funding entitlements for children aged 9 months to 4 years**

Working Families Childcare Code (e.g 5000123456)		Two Year Old Funding for families in receipt of Government support Reference Number (or copy of Eligibility letter attached)	
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**4. DISABILITY ACCESS FUND DECLARATION**

Is your child eligible and in receipt of Disability Living Allowance (DLA)? Please tick as appropriate: ✓	Yes		No	
If your child is splitting their Funded Entitlement across two or more providers, please nominate the main setting where the local authority should pay the DAF: A copy of your child's DLA award letter will need to be provided to claim this funding.				

## 5. FUNDED ENTITLEMENT CLAIM DETAILS

- The table below is to be completed with details of your child's Funded Entitlement claim at this early years provider. You must also declare below ALL Funded Entitlement hours that are claimed by your child at all other providers you are using.
- Your child can attend a maximum of two sites in a single day.
- A maximum of 10 hours can be claimed in any one day.
- Funded Entitlement hours are funded for equivalent of 38 weeks of the year:  
i.e., maximum funding of 570 hours per year for 15 hrs/wk or maximum of 1140 hours per year (30 hrs/wk).
- Please ensure that you specify below the provider(s) that is/are to receive your **UNIVERSAL** 15 hours of Funded Entitlement - please tick ✓ against each setting which is to receive this. *This is only applicable if you are claiming 30 hours Funded Entitlement*
- If you are claiming Working Families Childcare Entitlement, you must complete sections 2 and 3 (overleaf) with your name, your own date of birth, your NI/NASS Number and Working Families Childcare Eligibility Code
- If you are claiming Two Year Funding for families in receipt of Government support, you must complete sections 2 and 3 (overleaf) with your name, your own date of birth, your NI/NASS Number and Reference Number

Name of Provider who has issued this form			
Start Date of Funded Hours:		End Date of Funded Hours (if known):	

Names of all childcare providers currently used (including the provider who has issued this form)	Universal Hours? Tick against ALL settings this applies to. Must not exceed more than 15 hours per week ✓	Please enter total Funded Entitlement Hours claimed per day at each setting					Total Number of Hours Claimed per Week	Number of Weeks Claimed per Year (e.g 38, 45, 52)
		Mon	Tue	Wed	Thu	Fri		

I wish to claim the following number of funded hours per week at this provider for the child mentioned in Section 1 of this form (max 30 hours):

Additional charges - please use the boxes below and describe further detail on page 3. Parent please initial your selections.

- My provider has provided information regarding the patterns of hours available to me to access my child's funded hours at this setting. If I have opted to pay for additional services as indicated in the boxes below, which will be shown on my invoice and in my contract with the provider.
- I understand my provider's policy on their options for alternatives to additional charges.
- If the provider has a packed lunch policy, I agree to abide by this if I have chosen this option.

Additional hours →	Yes/No	Meals and snacks →	Yes/No	Consumables (nappies etc.) →	Yes/No	Voluntary activities →	Yes/No
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## 6. DECLARATION

<p>I 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 (as confirmed in Section 5) to claim Funded Entitlement as agreed above on behalf of my child.</p> <p>In addition, I give permission for Nottinghamshire County 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) or Free School Meals when my child is at an eligible age. I agree that the information I have provided can be shared with the Local Authority and Department for Education, who will access information from other government departments to confirm my child's eligibility and enable this provider to claim on behalf of my child. I agree that the information on this form can be shared locally for the benefit of my family.</p> <p>I also consent to allow the Local Authority to hold personal data to support pupil's learning and monitor and report on their progress as per our Privacy Notice (obtainable from your childcare provider).</p>	Parent/Carer Name:	
	Parent/Carer Signature:	
	Date of Signing:	
	Setting Name:	
	Setting Signature:	
	Date of Signing:	

Notes for provider and additional information on next page:

**Notes for provider:**

If a parent has a Two Year Old Funding for families in receipt of Government support letter/email from another local authority, please attach a copy to this form. We may ask to see this as evidence of eligibility.

Providers are required to retain this completed form within the setting. **Please do not send them to us.** You will need the information contained on the form to complete your portal headcount returns. If there are any changes to the information contained in this form e.g. hours attended by child, you should ensure that the parent/carer completes a new form, or initials any updates made on this form. Any subsequent forms should also be retained by the setting.

Use this space to provide further detail on agreed additional charges or any waived charges.  
Parent and provider please sign and date any entries.

Alternatively, providers can attach their own fee information as a separate sheet to this form.

Providers need not ask parents to sign a new form if minimal changes occur. A note can be made anywhere on the form and can be initialled and dated by the parent and provider.