Nottinghamshire County Council

Nottinghamshire Early Years and Childcare

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 ☐ LAC ☐	ADP ☐	Child Arrangement Order / Special Guardianship ☐			

**** If you have ticked any of the above your Provider may ask you to produce evidence**
(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	☐ White British	BLB	☐ Caribbean	AAO	☐ Any other Asian background
WHR	☐ White Irish	BLF	☐ African	CHE	☐ Chinese
WHA	☐ Any other white background	BLG	☐ Any other Black background	OEO	☐ Any other ethnic group
MWA	☐ White and Asian	ASR	☐ Sri Lankan	WHT	☐ Irish Heritage
MWB	☐ White and Black Caribbean	AIN	☐ Indian	WRO	☐ Roma/Roma Gypsy
MBA	☐ White and Black African	APK	☐ Pakistani	WHO	☐ Any other traveller background
MOT	☐ Any other mixed background	ABA	☐ Bangladeshi	REF	☐ 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)		Early Learning for 2 year olds Reference Number or copy of Eligibility letter attached (for families in receipt of Government support)	

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).
- The provider will submit a termly headcount based on the total hours attended per year divided by 38 term time weeks. E.g. a child doing 22 hrs per week over 52 weeks equates to a claim of 30 hours per week on the provider's termly headcount.
- 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):	

Booked/funded/paid for session information	Please enter total Funded Entitlement Hours claimed per day at this setting					Total no. Funded Hours per Week	No. of weeks funding claimed per Year (e.g 38, 45, 52)	Total no. Hours per Year (max 1140 or 570)
	Mon	Tue	Wed	Thu	Fri			
Pattern of hours booked into at this setting e.g. 8am-6pm						(a)	(b)	(a x b)
Total funded entitlement hours attended per day								
Total extra (chargeable) hours per day						Funding basis (✓one)→	Term time only	Stretched funding
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 for working families entitlement, max 15 hours for Early Learning for 2 year olds and Universal entitlement for 3 & 4 year olds) →								
Please give details about stretched offer if relevant, e.g. attends 22 hrs pw x 51 weeks per year								
Please give the names of any other providers also attended which are sharing the funding entitlement with this provider.								

Additional charges & pattern of provision - please use the boxes below and describe further detail on page 3.
Parent/carer 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 and I have ticked above whether the funded hours are accessed on a term time only or stretched basis.
- 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	

6. DECLARATION

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.

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 any other entitlement 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 funding on behalf of my child. I agree that the information on this form can be shared locally for the benefit of my family.

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).

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/carer has a Early Learning for 2 year olds (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.

This form is a declaration of what entitlements you will be taking up, and what optional extras you have agreed to pay your provider. It is important that this form is kept up to date and accurate. If you wish to increase or reduce your hours, change the days your child attends, change what optional extras you purchase, or your circumstances mean that the entitlement(s) you are using changes, then you should speak to your provider about updating this form. Your provider may have additional terms and conditions alongside this document. Speak to your provider for more information.

The provider should supply details of the charges made for consumables and additional services. Itemised details of what these charges relate to should be proportionate and enable the parent/carer to understand the charges they are agreeing to.

The parent/carer confirms, by signing this declaration, that they have agreed to take up these optional extras in connection with the funded hours, and they are aware that they can discuss alternatives with the provider.

Use this space to provide further detail on agreed additional charges or any waived charges.
Parent/carer 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/carers 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/carer and provider.