

**Please read the parent/carer booklet  
BEFORE completing this form**

 Claim Period: 

 Total Hours Claimed to Date: 

This form **MUST** be completed and returned to your childcare provider to enable them to claim Early Education funding. It also collects data for Early Years Pupil Premium and the Disability Access Fund.

When signing this form, you are consenting to your information being shared with the Local Authority so that funding criteria and eligibility checks can be completed/verified.

If your child attends more than one provider, please ensure this detail is shared to avoid an overclaim.

**SECTION ONE – CHILD DETAILS**

Child's Legal	Forename		Date of Birth (DOB)	
	Middle name		Ethnicity	
	Surname		Gender	
Preferred Surname				
Home Address (including Postcode)				

 Document provided to prove DOB: 

 Date Provided: 
**SECTION TWO – TWO YEAR OLD ENTITLEMENT (15 HOURS – 570 hours maximum per year)**

<b>PARENT/CARER DETAILS</b>				NCC Reference Code <input style="width: 100%; height: 20px;" type="text"/>
	Forename	Surname	Date of Birth	NI/NASS Number
①	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
②	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<b>Criteria</b>	<input type="checkbox"/> Qualifying Benefit	<input type="checkbox"/> Left Care through	{ <ul style="list-style-type: none"> <li>• an adoption</li> <li>• a special guardianship order</li> <li>• a child arrangement order</li> </ul>	
	<input type="checkbox"/> Looked After By LA	<input type="checkbox"/> Has an EHCP		
	<input type="checkbox"/> Receives DLA			

**SECTION THREE – EXTENDED ENTITLEMENT (30 HOURS)**

A valid HMRC code and parent details must be provided to claim the 15 extended hours.

<b>PARENT DETAILS</b>				
	Forename	Surname	NI Number	Eligibility Code
①	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
②	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

**SECTION FOUR – EARLY YEARS PUPIL PREMIUM (EYPP)**

<b>PARENT/CARER DETAILS</b>				
	Forename	Surname	Date of Birth	NI/NASS Number
①	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
②	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<b>Criteria</b>	<input type="checkbox"/> Qualifying Benefit	<input type="checkbox"/> Left Care through	{ <ul style="list-style-type: none"> <li>• an adoption</li> <li>• a special guardianship order</li> <li>• a child arrangement order</li> </ul>	
	<input type="checkbox"/> Looked After By LA			

**SECTION FIVE – DISABILITY ACCESS FUND (DAF)**

Attached is a copy of the award letter issued by the Department for Work and Pensions as evidence

 My Nominated Provider is -

**SECTION SIX – PROVIDER AND ATTENDANCE DETAILS**

This section **MUST** be completed with the details of **each** provider that your child attends where early education will be claimed on your behalf. For families that are eligible for the 30 hours extended entitlement and receive the entitlement from more than one provider, it is necessary to tick which provider is nominated to offer the universal entitlement.

If your child attends more than one childcare provider for their entitlement, the detail of each claim **must be shared** with each provider to avoid errors when the combined claims are verified by the Local Authority.

The maximum number of funded early education hours available this claim period is:

(A) please use a calendar to count the number of weekdays your child will attend the provider for their FUNDED HOURS of childcare eg. Number of Mondays = 11

<b>①</b>	Provider Name:	Claim Universal Entitlement <input type="checkbox"/>			
First day attending this claim period		Date: <input style="width:100px;" type="text"/>			
	Number of weekdays child attending for FUNDED hours <b>(A)</b>	<b>Each Day</b>	Total Funded Hours <b>(A x C)</b>		
		Total Hours Attending (my contract) <b>(B + C)</b>	Number of Hours I will pay for (unfunded) <b>(B)</b>	Funded Hours per week <b>(C)</b>	
Mon					
Tues					
Wed					
Thur					
Fri					
<b>TOTAL FUNDED HOURS TO BE CLAIMED</b>					<input style="width:100px;" type="text"/>

	Provider Name	Claim Universal Entitlement	Weekly Universal Hrs	Weekly Extended Hrs	Total Funded Hours for claim period
<b>②</b>		<input type="checkbox"/> YES / <input type="checkbox"/> NO			
<b>③</b>		<input type="checkbox"/> YES / <input type="checkbox"/> NO			

**SECTION SEVEN – PARENT/CARER DECLARATION**

**I, the parent/carer understand and confirm –**

- I have read the booklet information provided by the Local Authority (LA) and authorise my childcare provider named in ① to claim early education funding (EEF) as calculated above for my child.
- I agree that the information I have provided for EEF can be shared with the LA and the Department for Education (DfE), so that the LA can meet its statutory duty for EEF, and to enable confirmation that my child is eligible for funding. Also, the outcome of any checks and those required thereafter will be shared with my provider.
- I agree for the LA and DfE to access information from other government departments to confirm my child's eligibility and enable my named provider in ① to claim EYPP, DAF and the 30 hours extended entitlement for my child where applicable.
- I am responsible for ensuring that my child uses the funded hours which have been applied for on a regular daily/weekly basis.
- I agree that my child's claim for funding is for actual attendance and will be adjusted at a later date for non-attendance (excluding for absences described in the booklet / agreed by the LA).
- I agree where hours are not funded by the LA, that fees will apply in accordance with my childcare provider's charging policy and/or as stated in my childcare contract between myself and my childcare provider.
- I must notify my childcare provider of any changes to my family circumstances that will affect my child's eligibility to any EEF, and understand that failure to do this may result in childcare fees being charged.
- If I arrange for my child to leave the childcare provider without giving the required notice period, stated in my childcare contract, it may affect the EEF at a new provider, except where there are safety or quality concerns for which a formal complaint has been made to Ofsted and substantiated.
- If I have any concerns regarding my child's EEF, I will attempt to resolve this with my childcare provider in the first instance, however, if my concerns cannot be resolved, I can contact the LA.
- If I fail to provide complete and accurate information, this will affect my claim for EEF and charges may apply.
- The personal information that I provide will be held and used in compliance with the General Data Protection Regulation (GDPR), and I am in receipt of and in agreement with the Privacy Notice(s) relating to funding.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_