Parent Declaration Form for the Free Early Education Entitlements

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| **Guidance on completion:** |
| **Sections 1 & 6** | To be completed for all children |
| **Section 2** | Additional information required for the disadvantaged two year old entitlement |
| **Section 3** | Additional information required for ALL working parent entitlements |
| **Section 4** | Additional information needed to claim Early Years Pupil Premium (EYPP) |
| **Section 5** | Disability Access Fund Declaration |

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| **1a: Child's details** |  |
| **TERM:** | **SPRING ☐ SUMMER ☐ AUTUMN ☐** |
| Child’s Legal Family Name: |  |
| Child’s Legal Forename(s): |  |
| Name by which the child is known (if different from above): |  |
| Date of Birth: |  | Gende**r:** | Male | **☐** | Female | **☐** |
| Address: |  |
|  | Postcode: |  |
| Documentary proof of DoB Type (e.g. Birth Certificate, Passport): |  |  |
| Document recorded by: (name of staff member) |  | DateRecorded: |  |  |
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| **Child’s Ethnic origin** – Please tick one of the following: |  |
|  | White – British |  | Pakistani |  | Any other Asian background |  | Chinese |  |
| White – Irish |  | Bangladeshi |  | Other Pakistani |  | Gypsy/Roma |  |
| White & Black Caribbean |  | Indian |  | Black - Caribbean |  | Traveller (of Irish heritage) |  |
| White & Black African |  | Kashmiri Pakistani |  | Black - African |  | Any other Ethnic group |  |
| White & Asian |  | White - Other |  | Any other Black background |  | Other  |  |

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| **1b: Parent/Carer details** |
| Forename(s): |  |
| Surname: |  |
| Date of Birth: |  |
| National Insurance OR NASS number: |  |

Last updated: March 2024

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| **1c:Term claim information** |
| I confirm that I will receive from the provider the following free early education this term: |
| Total number of weeks the grant will cover this term (including stretched): | Weeks | Start date | End date |
|  |  |  |
| Hours per day claimed for the free entitlement are: | Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |
| Total number of hours to be claimed: |  | Providers confirmation signature: |  |

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| **1d: Setting and attendance details** |
| * You need to agree and complete this declaration form with each setting your child attends for their early education entitlement in order to ensure that funding is paid fairly between them.
* Your child can attend a maximum of two sites in a single day and if your child attends more than one setting, we will split the funding between the settings.
 |
| **My child is attending the following setting(s)/school nursery:** |
| Setting Name(s) | Please enter total free entitlement (FE) hours attended per day | Total number of FE hours per week | Number of weeks per term (including stretched) | UUniversalEExtended |
| Mon | Tue | Wed | Thur | Fri |
| **A** |  |  |  |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |  |  |  |
| **C** |  |  |  |  |  |  |  |  |  |
| **D** |  |  |  |  |  |  |  |  |  |
| Total daily free hours attended |  |  |  |  |  |  |  |  |

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| **2: Disadvantaged 2-year-old entitlement – 15 hours**  |
| EY Voucher Code Number (from parent)**:** |  | **Please tick** |
| Benefits/ Income  | ¨ |
| A current statement of Special Educational Needs or an Education, Health and Care Plan | ¨ |
| Entitlement to Disability Living Allowance (DLA) | ¨ |
| Children looked after by a local authority (CLA) | ¨ |
| They are looked after as a result of an adoption order, special guardianship order or a child arrangement order which specifies whom the child lives. | ¨ |

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| **3: All working parent’s entitlements**  |
| Eligibility code (e.g. 50012345678): |  |

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| **4: Working Parents Early Years Pupil Premium (EYPP) Registration Form** |
| The Early Years Pupil Premium (EYPP)\* is an additional sum of money paid to childcare providers for children of families in receipt of certain benefits (please see web address below). This funding will be used to enhance the quality of their early years’ experience by improving the teaching and learning and facilities and resources, with the aim of impacting positively on your child’s progress and development. For more information please speak to your childcare provider.If you believe that your child may qualify for the EYPP please provide the following information for the **main benefit holder** to enable the local authority to confirm eligibility:\* <https://www.gov.uk/guidance/early-years-pupil-premium-guide-for-local-authorities> |
| Eligibility status | **Please tick** |
| Economic criteria: | **☐** |
| Children looked after by a local authority (CLA): | **☐** |
| They are looked after as a result of an adoption order, special guardianship order or a child arrangement order which specifies with whom the child lives. | **☐** |
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| Parent/Carer signature: |  |

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| **5: Disability Access Fund Declaration** |
| Three and four year old children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child’s early years setting as a fixed annual rate per eligible child. The purpose of DAF is to support providers to make reasonable adjustments and build the capacity of their setting to support children with disabilities. The evidence required toenable the provider to claim DAF is a copy of the Disability Living Allowance award letter. |
| Is your child eligible and in receipt of Disability Living Allowance (DLA)? | **Yes** | **☐** | **No** | **☐** |
| Are you able to provide a copy of the Disability Living Allowance award letter? | **Yes** | **☐** | **No** | **☐** |
| If your child is splitting their free entitlement across two or more providers please nominate the main setting where the local authority should pay the DAF: |  |

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| **6: Data Privacy Statement** |
| The Data Protection Act 2018 puts in place certain safeguards regarding the use of personal and sensitive data by organisations, including the Department for Education (DfE), local authorities and schools. The Act gives rights to those (known as data subjects) about whom data is held, such as pupils, their parents and teachers. This includes:* the right to know the types of data being held
* why it is being held, and
* to whom it may be communicated

For more information on how to access your rights, please visit <https://www.oldham.gov.uk/downloads/file/4922/your_data_rights_-_guide_to_exercising_your_rights> |
| **How we use your information** |
| Your child care provider and Oldham Council process personal data about you and your child in relation to claiming free entitlement funding and are “data controllers” for the purposes of the Data Protection Act 2018. Your child care provider will share the information contained in this declaration form with Oldham Council to carry out their public tasks. **In collecting your data for the purposes of checking your eligibility for all free entitlements, Working Parents Entitlements, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF). Oldham council is exercising the function of a government department. Oldham council is authorised to collect this****data pursuant to section 13 of the Childcare Act 2006.** |

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| The information will be held securely and will be destroyed after seven years. This data will be shared with theDepartment for Education; and Her Majesty’s Revenue and Customs (HMRC) to confirm eligibility For more information on how Oldham Council uses your information, visit <https://www.oldham.gov.uk/dataprotection>For information on how your childcare provider uses your information, please request a copy of their Privacy Notice. |

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| **6a: Declaration by Parent / Carer / Guardian with legal responsibility** |
| I (Name)...........................................................of (Address) .....................................................................confirm 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(Name of Provider/s) toclaim free entitlement funding as agreed above on behalf of my child. |
| **Parent / Carer / Guardian:** |
| **Signed** |  | **Print name** |  | **Date** |  |
| **Childcare Provider:** |
| **Signed** |  | **Print name** |  | **Date** |  |
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|  **\*\*\*To be completed by Childminders ONLY****6b: Declaration by Provider** |
|  Please tick one of the following options in regards to your relationship to the child:* *a parent*
* *step-parent*
* *foster parent (or other relative)*
* *a person who fosters the child privately or has parental responsibility for the child*
* *None of the above*
 |
| **Childcare Provider:** |
| **Signed** |  | **Print name** |  | **Date** |  |
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| **6c: Parent / Carer / Guardian – DO NOT sign below until child takes up their free entitlement place** |
| * I accept that I may only move the free entitlement funding for my child from my chosen provider during a term in exceptional circumstances (e.g. moving area, safeguarding or other such issues).
 |
| **Signed** |  | **Print name** |  | **Date** |  |