PARENTAL DECLARATION FORM EARLY EDUCATION FUNDING FOR TWO, THREE AND FOUR YEAR OLDS



PART 1 - CHILD DETAILS																
Legal First Name		Middle Names (s)														
Legal Last Name		Preferred Last Name														
Address		Date of Birth (DD/MM/YYY				γ) / / / / /										
										_						
				Gender (Male/Female)												
Post Code					Ethnicity											
	(see codes below)															
AOTH ABAN	Any Other Asian Bangladeshi	Asian Background BOTH Any Other Black			Black Bac	Background OOTH REFU				Any Other Ethnic Group Refused						
AIND	Indian	CHNE Chinese MWBA White / Black Afri							WOTH Any Other White Background							
APKN ASRO	Pakistani Sri Lankan Othe	MOTH Any Other Mixed I				Background			WBRI British WIRI Irish							
BCRB	Black Caribbear	ribbean MWBC White /		White / Blac	nite / Black Caribbean				WIRT Traveller - Irish Heritage							
BAFR	African		NOBT	Information				WRO	M F	Roma	/ Rom	a Gyp	osy			
	nal details for		_	ended 30 h	ours fu	nding										
Parent/0	Carer National	Insurance Nun	nber													
30 hours	s eligibility cod	e (11 digit num	ıber)													
Tura Va	an Old Fundin	a Cada (faral)	-:!-!- 0	1-1-\ T	VI E				П			T				
Two Year Old Funding Code (for eligible 2 year olds)																
PART 2 - CLAIM DETAILS																
1st Childcare Provider 2nd Childcare Provider (if applicable)																
Number of Universal hours being claimed per week Number of Universal hours being claimed per week																
Number of Extended hours being claimed per week Number of Extended hours being claimed per week Number of Extended hours being claimed per week																
Term Time (38wks) Stretched Place (up to 52wks) Term Time (38wks) Stretched Place (up to 52wks) If your child has just transferred from another Provider and was accessing funded hours please complete:																
-	· -	transferred fr	om anotr				_				-		•	_	_	
	re Provider				erm Tin		ks)	S	tretch	ed P	lace	(up to	o 52wk	s)		
	of Universal E	•			`	′	_									
Number of Extended Early Education hours claimed per week (max 15)																
PART 3 - EARLY YEARS PUPIL PREMIUM (VOLUNTARY REGISTRATION) - 3 & 4 YEAR OLDS ONLY																
	OPTED CHILD	•	EN SUBJ	ECT TO A	SPECI	AL GU	ARDIA	NSHII	P ORI	DER	OR A	A CH	IILD			
			e through	adoption, o	r subje	ct to a	esiden	nce ord	ler or	spec	ial gu	uardi	anship	orde	er?	
Has your child left local authority care through adoption, or subject to a residence order or special guardianship order? Yes No (If yes, you will need to provide a copy of the relevant court order)																
Q2 FAMILY INCOME AND BENEFITS - Is your joint family income under £16,190 per year and/or are you in receipt of																
benefits? Yes No Parent does not wish to disclose																
Only complete this section if you have answered YES to Q1 or Q2.																
Please complete the following information for the main benefit holder so that we can check eligibility.																
PARENT/GUARDIAN DETAILS																
Name:						Date o	f Birth):			1		1			
Nationa	al Insurance N	umber														
Nationa	al Asylum Sup	port Service ((NASS) N	umber				Τ,			1					
	e Telephone N		•													
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PART 4 - Disability Access Fund (DAF)						
Three and four year olds who are in receipt of Disability Living Allowance (DLA) and are accessing early education						
funding are eligible for the DAF. DAF is paid to the child's setting as a fixed annual rate of £615 per eligible child.						
Please tick if your child is eligible and in receipt of DLA.						
(If yes, you will need to provide a copy of the DLA award letter to your provider)						
If your child is sharing their entitlement across two or more providers, please nominate the main setting where						
the local authority should pay the DAF.						
Provider to contact the Local Authority to process the claim for DAF						

PART 5 - PARENTAL CONSENT AND DECLARATION (please read all information before signing)

I declare that:

- I am the parent/legal guardian of the child named on this form
- The above detailed information relating to my child is complete and accurate
- I have provided evidence of the identity and date of birth of my child and proof of address to the setting (i.e. copy of birth certificate, utility bill)
- I understand the criteria in order for my child to be eligible for Early Education funding, Disability Access Fund (DAF) and Early Years Pupil Premium (EYPP)
- I consent to the information I have provided being passed to Portsmouth City Council to enable entitlement to the EYPP and/or DAF to be verified and shared with my provider
- I consent to the information I have provided being passed to Portsmouth City Council to enable confirmation and future notifications on the validity of my 30 hours eligibility code and shared with my provider
- I am not claiming more than the funded hours my child is entitled to (two year old funding, universal 15 or extended 30 with a valid eligibility code)
- I understand that it is my responsibility to re-validate my 30 hours eligibility every three months
- I understand that I will be liable to repay, in full, any grant paid by the council if hours claimed exceed more than the maximum entitlement for the term, or I claim funded hours after my grace period ends.
- I must inform my Childcare Provider(s) of any changes to the provision my child takes
- I will give 4 weeks' written notice to my provider if I no longer require my early education funded hours
- I declare that whilst the notice period is in force my child will not access funded hours at another provision
- My child is not attending school in a Year R place

Funding Period:		
Print Parent/Carer Name:		
Parent/Carer Signature:		
Provider Signature:		
Date:		

Portsmouth City Council will process your personal information in accordance with the Data Protection Act 1998. The personal details provided by you will be held within a system/database, and where the law allows, may be shared with other departments within the council to update the details they hold about you and provide new and improved services.

The information you submitted about yourself as part of this application helps us to confirm your eligibility for funding and for audit purposes. This will be kept until the end of the current financial year and for a further 6 years after that. You have the right to request your information be deleted; however this may affect your eligibility for the funding should it be awarded. Your child's details will be kept for so long as they are a 'pupil' within the Portsmouth Local Authority Area.

The council may also be required to disclose personal information to other Local Authority departments and third parties (such as the police, Audit Commission, Department for Work and Pensions or Department of Education) for the purposes of preventing or detecting crime, fraud or apprehending or prosecuting offenders. To let you know how your information will be used please read the following links:

https://www.portsmouth.gov.uk/ext/the-council/freedom-of-information.aspx

https://www.portsmouth.gov.uk/ext/the-council/data-protection.aspx

https://www.portsmouth.gov.uk/ext/documents-external/sch-privacy-notice-localauthority.pdf

https://www.portsmouth.gov.uk/ext/the-council/cookie-policy.aspx