

# Parent Declaration Form for the Free Early Education Entitlements



| Guidance on completion:      |   |
|------------------------------|---|
| <b>Sections 1a, 1b and 7</b> | To be completed for all children  |
| <b>Section 2</b>             | Additional information needed to claim the two year old free entitlement  |
| <b>Section 3</b>             | Additional information required for 3 and 4 year old children including 30 hours free childcare for working parents |
| <b>Section 4</b>             | Additional information needed to claim Early Years Pupil Premium (EYPP)   |
| <b>Section 5</b>             | Disability Access Fund Declaration  |

| 1a: Child's details   |  |  |   |
|---|--|--|---|
| <b>TERM:</b>  | <b>SPRING</b> <input type="checkbox"/> | <b>SUMMER</b> <input type="checkbox"/> | <b>AUTUMN</b> <input type="checkbox"/>                        |
| Child's Legal Family Name:  |  |  |   |
| Child's Legal Forename(s):  |  |  |   |
| Name by which the child is known (if different from above):       |  |  |   |
| Date of Birth:  |  | Gender:                                | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Address:  |  |  |   |
|   | Postcode:                              |  |   |
| Documentary proof of DoB Type (e.g. Birth Certificate, Passport): |  |  |   |
| Document recorded by:<br>(name of staff member)                   |  | Date Recorded:                         |   |

| Child's Ethnic origin – Please tick one of the following: |                          |                    |                          |                            |                          |                               |                          |
|---|--------------------------|--------------------|--------------------------|----------------------------|--------------------------|-------------------------------|--------------------------|
| White – British   | <input type="checkbox"/> | Pakistani          | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> | Chinese                       | <input type="checkbox"/> |
| White – Irish   | <input type="checkbox"/> | Bangladeshi        | <input type="checkbox"/> | Other Pakistani            | <input type="checkbox"/> | Gypsy/Roma                    | <input type="checkbox"/> |
| White & Black Caribbean                                   | <input type="checkbox"/> | Indian             | <input type="checkbox"/> | Black - Caribbean          | <input type="checkbox"/> | Traveller (of Irish heritage) | <input type="checkbox"/> |
| White & Black African                                     | <input type="checkbox"/> | Kashmiri Pakistani | <input type="checkbox"/> | Black - African            | <input type="checkbox"/> | Any other Ethnic group        | <input type="checkbox"/> |
| White & Asian   | <input type="checkbox"/> | White - Other      | <input type="checkbox"/> | Any other Black background | <input type="checkbox"/> | Other _____                   | <input type="checkbox"/> |

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

| 2: Additional details for the two year old free entitlement   |  |                          |
|---|--|--------------------------|
| EY Voucher Code Number (from parent):   |  | <b>Please tick</b>       |
| Free School Meals (FSM)   |  | <input type="checkbox"/> |
| A current statement of Special Educational Needs or an Education, Health and Care Plan  |  | <input type="checkbox"/> |
| Entitlement to Disability Living Allowance (DLA)  |  | <input type="checkbox"/> |
| Children looked after by a local authority (CLA)  |  | <input type="checkbox"/> |
| 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. |  | <input type="checkbox"/> |

| 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: |         |            |          |          |

| 3: Additional details for 3 and 4 year old children claiming 15 and 30 hours free childcare |  |
|---|--|
| 30 hours eligibility code (e.g. 12345678912):   |  |

| Setting and attendance details  |
|---|
| <ul style="list-style-type: none"> <li>You need to agree and complete this declaration form with each setting your child attends for their early education entitlement of 15 or 30 hours per week in order to ensure that funding is paid fairly between them.</li> <li>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.</li> <li>If you are eligible to receive the 30 hours free childcare you must state below which provider will receive the universal 15 hours and which provider will claim the extended 15 hours.</li> <li>Should you become ineligible to receive the total 30 hours free childcare, the nominated provider will receive the universal hours only.</li> </ul> |

| 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) | U<br>Universal<br>E<br>Extended |  |
|  | Mon   | Tue | Wed | Thur | Fri |                                   |  |                                 |  |
| A  |   |     |     |      |     |                                   |  |                                 |  |
| B  |   |     |     |      |     |                                   |  |                                 |  |
| C  |   |     |     |      |     |                                   |  |                                 |  |
| D  |   |     |     |      |     |                                   |  |                                 |  |
| Total daily free hours attended                                |   |     |     |      |     |                                   |  |                                 |  |

#### 4: Three and four year old 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:   | <input type="checkbox"/> |
| Children looked after by a local authority (CLA):  | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |

Parent/Carer signature: \_\_\_\_\_

#### 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 of £615 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 to enable 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you able to provide a copy of the Disability Living Allowance award letter?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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: |                              |                             |

#### 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](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 2 year old or 3 & 4 year old universal and extended free 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.**

The information will be held securely and will be destroyed after seven years. This data will be shared with the Department 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.

**7: 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)..... to claim free entitlement funding as agreed above on behalf of my child.

**Parent / Carer / Guardian:**

|               |  |                   |  |             |  |
|---------------|--|-------------------|--|-------------|--|
| <b>Signed</b> |  | <b>Print name</b> |  | <b>Date</b> |  |
|---------------|--|-------------------|--|-------------|--|

**Childcare Provider:**

|               |  |                   |  |             |  |
|---------------|--|-------------------|--|-------------|--|
| <b>Signed</b> |  | <b>Print name</b> |  | <b>Date</b> |  |
|---------------|--|-------------------|--|-------------|--|

**Parent / Carer / Guardian – DO NOT sign below until child takes up their free entitlement place (within first 2 weeks of term)**

- I accept that I may only change my chosen provider during a term in exceptional circumstances (e.g. moving area, safeguarding or other such issues).

|               |  |                   |  |             |  |
|---------------|--|-------------------|--|-------------|--|
| <b>Signed</b> |  | <b>Print name</b> |  | <b>Date</b> |  |
|---------------|--|-------------------|--|-------------|--|