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| **Parent Declaration Form for Free Early Education Places for 2, 3 and 4 year olds**    **To receive your child's free 15 hour place, this form must be completed accurately at each of the settings your child attends.**    **Full Name of Child**:………………………………………………**Date of Birth of Child**:………………………………    **Address of Child**: …………………………………………………………………………………………………………...    ………………………………………………………………………………............**Postcode**: ……………………………      If your child attends more than one setting, the funding will be **split proportionately between a** **maximum of two settings\***, please indicate which **settings** you would like the funding to be split between.      **Name of 1st Setting**: ………………………………………………………………………………………………………    Total number of days attended per week: ...........................................    Total number of hours attended per week: ………………………………    **Name of 2nd Setting**: ………………………………………………………………………………..……………………    Total number of days attended per week: ............................................    Total number of hours attended per week: ………………………………    **Please sign to agree that:**     * I certify that the details above are correct and that only settings attended by my child in Worcestershire, or any other local authority area, have been included. * The setting(s) named above will claim for additional funding as appropriate (which may include funding to support inclusive practice for children with additional needs), to support them to provide the free Early Education Place for my child. * \*I understand that if my child attends a specialist setting (such as a Nursery Plus, Speech and Language Unit or Special School Nursery), the specialist setting will be allocated the funding as a priority. * I understand that I will have to pay a bill to my setting(s), even after my child has stopped attending, if the information I provide is incorrect. * My child's details will be forwarded to Worcestershire County Council. * My child's details may be used by Worcestershire County Council for functions other than funding, such as to support School Admissions and Children's Centres. * I understand that my child’s details will be securely retained for audit purposes. * **I understand that funding will not be moved to another childcare provider in the middle of a term.**     Name of Parent/Carer (please print):………………………………………………………… Date: ……………............      Signed: …………………………………………………………….….. |

***Please turn over***

# **Further information is available at www.earlyhelphub.co.uk or by emailing earlyhelphub@worcestershire.gov.uk**

**If you have any queries about your funding please contact your setting in the first instance . Advice is also available from the Nursery**

**Education Funding Team on 01905 822672**

**Early Years Pupil Premium** (EYPP) is additional funding for childcare providers to improve the quality of early education for your child(ren) aged 3 and 4 years. Childcare providers can claim this funding if you are in receipt of one of the following benefits:

* Income Support
* Income-based Jobseekers Allowance
* Income-related Employment and Support Allowance  Universal Credit.
* Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999
* the guarantee element of State Pension Credit
* Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190
* Working Tax Credit run-on

Or for 3 & 4 year olds who:

* have been in local-authority care for 1 day or more in England or Wales
* have been adopted from care in England or Wales
* have left care under a special guardianship order or residence order in England or Wales

**Please complete the information below to support your childcare provider claim this funding.**

**Parent/Carer Details:** (please complete all fields indicated with an \*)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name \*: |  | | | | | | | | |
| Surname \*: |  | | | | | | | | |
| Date of birth of parent / carer\*(DD / MM / YYYY): |  | | | | | | | | |
| National Insurance Number \* :  **OR** |  |  |  |  |  |  |  |  |  |
| National Asylum Support Service Number: |  |  |  |  |  |  |  |  |  |

**How the information in this form will be used.** The information you provide in this form will be used by Worcestershire County Council (WCC) to confirm receipt of one of the listed benefits by checking data provided by HMRC, DWP and the VSH. We need your consent to make this check. Once this is confirmed, we can decide how much money your child’s nursery, childminder or pre-school will receive. **Whether you use this scheme or not, it will not affect any of the benefits you may be entitled to.**

# DECLARATION

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for WCC purposes.

I agree to WCC using this information to enable my child’s childcare provider (Preschool / Nursery / childminder) claim the Early Years Pupil Premium.

Name of Parent/Carer (please print):………………………………………………………… Date: ……………............

Signed: ……………………………………………………….……..

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