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| **CONFIDENTIAL – Early Years Education** |
| **two colour for unit publicationsParent Declaration Form**  **Early Years Education funding for eligible 9 months to 4-year-old children**  *Completion of this form gives your chosen provider permission to claim funding from the Local Authority for the hours you wish to use.* |

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| **Part one: PROVIDER DETAILS** | | | |
| **Provider Name** |  | **Ofsted Number** |  |

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| **Part two: CHILD DETAILS** | | | | |
| **Legal First Name** |  | **Legal Family Name** | |  |
| **Date of Birth**  *(DD/MM/YYYY)* |  | **Gender**  *(select one)* | | Male  Female |
| **Your provider must see proof of the child’s date of birth**  *(confirm which document you will provide with this form)* | Birth certificate  Passport | **Provider check:**  *(tick to confirm which document has been provided)* | | Birth certificate seen  Passport seen |
| **Provider check:**  *(date document seen DD/MM/YYYY)* | |  |
| **Home Address**  *(including postcode)* |  | | | |
| **First Language** |  | | | |
| **Ethnicity**  *(select one)* | WBRI (White British)  ABAN (Bangladeshi)  AIND (Indian)  APKN (Pakistani)  AOTH (any other Asian background)  BAFR (Black African)  BCRB (Black Caribbean)  BOTH (any other Black background)  CHNE (Chinese)  MOTH (any other Mixed background) | | MWAS (White and Asian)  MWBA (White and Black African)  MWBC (White and Black Caribbean)  WIRI (White Irish)  WIRT (White Traveller of Irish Heritage)  WOTH (any other White background)  WROM (Gypsy/Roma)  OOTH (any other ethnic group)  REFU (do not wish to disclose) | |

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| **Part three: ELIGIBILITY** | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Age** | **Eligibility criteria** | **Entitlement** | **From** | | 9 months to under 2-years-old | Working families eligibility criteria | Up to 15 hours per week\* | September 2024 | | 2-years-old | Working families meet the disadvantaged eligibility criteria\*\*\* | Existing entitlement | | 2-years-old | Working families eligibility criteria\*\*\* | April 2024 | | 3 or 4-years-old | Universal entitlement | Existing entitlement | | 3 or 4-years-old | Working families eligibility criteria (30 hours) | Up to additional 15 hours per week\*\* | Existing entitlement |   \*Up to 15 hours a week over 38 weeks of funded Early Years Education. This is a total of 570 hours, which can also be taken over more weeks with less hours per week. **The funded entitlement starts the funding period after your child becomes age eligible and continues until the term before they start school.**  \*\*Eligible working families of 3 and 4-year-olds can also apply for the ‘extended’ entitlement of a further 15 hours a week over 38 weeks, which can also be taken over more weeks with less hours per week (’30 hours childcare’).  *\*\*\*From April 2024, there may be some circumstances where households meet the eligibility criteria for both the disadvantaged two-year-old entitlement and the working families entitlement. In these circumstances, households can only be in receipt of one early education and care entitlement and the provider should direct them onto the disadvantaged entitlement.*  More information can be found on our website by clicking here: [Childcare and early years | Children and Families | Hampshire County Council (hants.gov.uk)](https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/childcare) | | | | | | | |
| **Tick the relevant box(es) to confirm which funding you will be claiming:** | | | | | | | |
| 9 months to under 2-years-old (working families eligibility criteria)  **From September 2024** | | | 2-years-old (disadvantage eligibility criteria) | | 2-years-old (working families eligibility criteria)  **From April 2024** | | |
| 3 and 4-year-old Universal Entitlement | | | 3 and 4-year-old (working families eligibility criteria for 30 hours) | |  | | |
| **Eligibility codes:**  You must have an eligibility code to claim Early Years Education funding either under the working families eligibility criteria or for disadvantaged 2-year-old eligibility criteria. A code is **not** required for universal hours for 3 or 4-year-olds.   * For working families eligibility criteria, you **must** have obtained an eligibility code through [Childcare Choices](https://www.gov.uk/sign-in-childcare-account) by 31 March, 31 August or 31 December in order to claim for the next funding period. **You must reconfirm your eligibility every 12 weeks with HMRC through your childcare service account to confirm you can retain your eligibility.** * For 2-year-olds under the disadvantaged eligibility criteria, you **must** have obtained an eligibility code, which for Hampshire residents is through the [Education Online Portal](https://educationonlineportal.hants.gov.uk/EducationOnlinePortal/en) (we can also accept codes from other Local Authorities if evidence of their confirmation of eligibility is provided).   **Complete the following sections that are relevant to the child:** | | | | | | | |
| **Working families criteria** | | | **Parent / Carer National Insurance number:** | |  | | |
| **Please provide the eligibility code:** | |  | | |
| **Disadvantaged 2-year-old eligibility criteria** | | | **Please provide the eligibility code:** | |  | | |
| **Part four: ADDITIONAL FUNDING (Early Years Pupil Premium and/or Disability Access Fund)** | | | | | | | |
| In some circumstances, where certain criteria are met, your provider can access additional funding. This can be claimed in addition to your funded Early Years Education (EYE) entitlement.  If you wish for your provider to claim Early Years Pupil Premium (EYPP) funding for your child, you will need to answer questions 4.1 and/or 4.2 to confirm eligibility.  Please also answer question 4.3 to find out if your provider can claim Disability Access Funding. | | | | | | | |
| **Question 4.1. CHILDREN IN THE CARE OF A LOCAL AUTHORITY, ADOPTED CHILDREN, CHILDREN SUBJECT TO A SPECIAL GUARDIANSHIP ORDER OR A CHILD ARRANGEMENT ORDER** | | | | | | | |
| 1. **Is this child in the care of a Local Authority or has this child left Local Authority care through adoption, special guardianship or a child arrangement order?** | | | | | Yes  No | | |
| 1. **If applicable, have you been granted an adoption order by the courts yet?** | | | | | Yes  No | | |
| **If yes to the above, you will need to give your provider a copy of the court order.** *NB: Your provider will send a copy of this form with the copy of the court order to the Local Authority to verify eligibility.* | | | | | Tick to confirm a copy of the court order is attached | | |
| **Question 4.2. FAMILY INCOME AND BENEFITS**  ***If you have answered yes to question 4.1 and you have been able to provide the document requested, you do not need to complete this question.*** | | | | | | | |
| ***Tick yes if either of the following apply:***  **Your household income is less than £16,190 per year and you are in receipt of benefits, OR**  **You are in receipt of Universal Credit and your household income is less than £7,400 per year, not including any benefits.** | | | | | Yes  No | | |
| If you have answered yes to question 4.2, please provide the following details for the main benefit holder to enable the provider to claim additional EYPP funding: | | | | | | | |
| **Title** | | |  | | | | |
| **First Name** | | |  | | | | |
| **Family Name** | | |  | | | | |
| **Date of Birth** | | |  | | | | |
| **Gender** | | |  | | | | |
| **Relationship to Child** | | |  | | | | |
| **National Insurance Number\*** | | |  | | | | |
| **National Asylum Support Service (NASS) Number\*** | | |  | | | | |
| **Home address, including postcode** *(where this is different from the child’s home address in section 2)* | | |  | | | | |
| ***\*Complete as appropriate*** | | | | | | | |
| **Question 4.3. DISABILITY ACCESS FUNDING** | | | | | | | |
| **Is your child receiving Disability Living Allowance (DLA)?** | | | | | Yes  No | | |
| **If yes, your provider can claim Disability Access Funding, which supports providers to make reasonable adjustments to their childcare provision.**  **Please tick the box if you want this provider to claim Disability Access Funding (DAF).** *Please note that only* ***one*** *provider per child can claim this funding per year.*  *You will need to provide a copy of the DLA award letter to your provider.* | | | | | I want this provider to claim Disability Access Funding | | |
| **Part five: ATTENDANCE AND CLAIM DETAILS** | | | | | | | |
| You need to agree availability and attendance with your provider. Once attendance has been agreed, complete this declaration form with each provider your child attends for their early education entitlement, to ensure that funding is paid fairly to each of them.   1. You can claim up to 570 hours in any eligibility year between all providers that you attend or, 1140 hours in any eligibility year if you are claiming 30 hours (extended 15 hours free entitlement). 2. If your child attends less hours than are available for EYE in any one funding period you cannot carry forward those hours that have not been claimed into the next funding period. 3. You can claim up to 10 hours per day. 4. You can claim up to 15 hours in any one week, or 30 hours in any one week if you are eligible for 30 hours funding. 5. You can make a claim for up to two providers on any one day. 6. You **must** tell your provider if your child is attending and claiming EYE funding at another provider. 7. **You must inform your provider if you intend to leave this setting and the date your child is leaving, as this may affect your ability to claim funding at another provider.** | | | | | | | |
| Claiming from date: | |  | | Claiming to date: | |  | |
| **I have agreed with the provider that my child will attend the following hours each week as below:** | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Mon** | **Tue** | **Wed** | **Thurs** | | **Fri** | | **Sat** | | **Sun** | **Weekly Total** | | All hours attending each day |  |  |  |  | |  | |  | |  |  | | Total funded hours being claimed (up to 30 hours) | | | | | | | | | | |  | | Please tick if this is a standard or stretched offer: | | | | | Standard: | |  | | Stretched: | |  | | If you are claiming at a second setting, how many hours per week are you claiming with them? | | | | | | | | | | |  | | If you are claiming at a third setting how many hours per week are you claiming with them? | | | | | | | | | | |  | | If you are claiming at a fourth setting how many hours per week are you claiming with them? | | | | | | | | | | |  | | | | | | | | |
| **If you have indicated that you will be claiming EYE funded hours at another provider, please provide the details below:** | | | | | | | |
| **Name of provider** | | **Address** | | | | | |
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| **Part six: DECLARATION** | | | | | | |
| **Parent Declaration:** I (name) ........................................................................................................  of (address) ...............................................    ...............................................    ...............................................  confirm that the information I have provided above is accurate and true and I understand that any false or incorrect information could lead to funding being withdrawn and I understand that I may be liable for fees and charges at the setting. I understand and agree to the conditions set out in this document and I authorise (name of provider/s) ……….………………………………… to claim Early Years Education funding as agreed above on behalf of my child.  I confirm that I have been provided with, read and understood the supporting privacy notice setting out how this information will now be processed, including confirming the lawful basis, any rights I have in regards to this information and who to contact if I have any concerns: [Services for Young Children (SfYC) - Early Years Education (EYE) and Funding (Parents)  – Privacy Notice | About the Council | Hampshire County Council (hants.gov.uk)](https://www.hants.gov.uk/aboutthecouncil/privacy/children-access-resources-development/sfyc-funding-parents)  I have informed this provider of any arrangement that has been made to defer my child’s entry into school.  **This declaration must be signed by a person who has parental responsibility for the child (for Children in Care, foster parents may sign this declaration having gained permission from the Social Worker).** | | | | | | |
| **Parent / Carer / Guardian with legal responsibility** | | | | | | |
| **Signed** |  | | | | | |
| **Print name** |  | | | | | |
| **Date** |  | | | | | |
| In collecting your data for the purposes of checking your eligibility for EYE funded hours, Hampshire County Council is exercising the function of a government department. Hampshire County Council is authorised to collect this data pursuant to Section 13 of the Childcare Act 2006.  **Data Privacy**  The Data Protection Act 2018 (the Act) puts in place certain safeguards regarding the use of personal data by organisations, including the Department for Education, local authorities, schools and other early education providers. The Act gives rights to those about whom data is held (known as data subjects), 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 disclosed  Should you have any concerns relating to how your information or the information relating to your child/ren is being or will be used, please contact your childcare provider or Hampshire County Council.  **Complaints Process**  If you need to make a complaint to your pre-school age child’s early years/childcare provider, guidance is available in the link below:  [Making a complaint to your pre-school age child's early years/ childcare service | Hampshire County Council (hants.gov.uk)](https://www.hants.gov.uk/educationandlearning/complaints/earlyyears)  If you have exhausted the early years provider complaints process as detailed above, and still think that the provider has acted unreasonably or not followed the correct procedures in relation to your complaint. Please see guidance in link below:  [Making a complaint about children’s social care services | Hampshire County Council (hants.gov.uk)](https://www.hants.gov.uk/educationandlearning/complaints/socialcareservices) | | | | | | |
| **Childcare Provider Declaration:**  I (name) .................................................................  (role with provider) …………………………………..  I understand that in claiming Early Years Education funding from the County Council I am confirming my acceptance of the Early Years Education Payment Funding Terms and Conditions as published on the SfYC Website: <https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/childcare/providers/eye-eynff/eye-statutory-guidance>  I confirm that I have been provided with, read and understood the supporting privacy notice for providers, setting out how this information will now be processed, including confirming the lawful basis, any rights I have in regards this information and who to contact if I have any concerns: [Services for Young Children (SfYC) - Early Years Education (EYE) and Funding (Provider)  – Privacy Notice | About the Council | Hampshire County Council (hants.gov.uk)](https://www.hants.gov.uk/aboutthecouncil/privacy/children-access-resources-development/sfyc-funding-provider). Please note that information about whether a child is in receipt of Disability Living Allowance is, under the Act, Special Category Data which should be handled appropriately.  I confirm I have agreed the attendance pattern, start date and overall claim outlined in this document.   |  |  | | --- | --- | | **Signed** |  | | **Print name** |  | | **Date** |  | | | | | | | | |