



Parent Declaration for the free entitlements

Step 1: Your Child's Details

| | | | |
|---|--|----------------------------|--|
| 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: | |
| Address: | | Postcode: | |

Your chosen provider will need to see proof of your child's date of birth.

Please tick which document you will provide with this form:

| | |
|--|-----------------------------------|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Passport |
|--|-----------------------------------|

Step 1 complete? Tick here.

Step 2: Your Details (parents/carers)

| Parent / Carer 1 | Parent / Carer 2 |
|--------------------|--------------------|
| Legal Family Name: | Legal Family Name: |
| Legal Forename: | Legal Forename: |
| Date of Birth: | Date of Birth: |
| NI or NASS Number: | NI or NASS Number: |

Step 2 complete? Tick here.

Step 3: Your Child's Eligibility

To be completed with assistance from your chosen provider(s) if needed.

| | |
|---|--|
| <input type="checkbox"/> 2-year-old application | <input type="checkbox"/> 3- & 4-year old application |
|---|--|

Some 2-year-olds are entitled to 570 free hours a year. All 3- and 4-year-olds are entitled to 570 hours a year (universal entitlement) and some 3- and 4-year-olds from working families may be entitled to an additional 570 hours (extended or 30 hours entitlement) a year.

Disability Access Fund

If your child is 3 or 4, is receiving child Disability Living Allowance and is receiving the free entitlement, he or she is eligible for the Disability Access Fund (DAF). DAF is paid to your child's early years provider. The purpose of DAF is to support providers to make reasonable adjustments and build the capacity of their setting to support children with disabilities.

Is your child eligible for and in receipt of Disability Living Allowance (DLA)?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If your child is splitting their free entitlement across two or more settings please nominate the main setting where the local authority should pay the DAF:.....

Early Years Pupil Premium

Additional funding may be available through the Early Years Pupil Premium (EYPP), paid to early years providers for the provision of extra support for your child. EYPP is used to improve teaching and learning facilities and resources so as to impact positively on your child’s progress and development.

Do you wish to apply for EYPP for your child?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Step 3 complete? Tick here.

Step 4: Document Check

| | | | |
|---|--|---|--|
| Documentary proof of DoB Type (e.g. Birth Certificate, Passport): | | 30 hours eligibility code from online EY Hub system (e.g. 12345678912) | |
| Date document recorded (dd/mm/yyyy): | | 2-year-old eligibility code from online EY Hub system (e.g XB8VFvLSa0w) | |
| Document recorded by (Print name and signature of staff member): | | DAF Eligibility Code From LBN early Years and Childcare Service e.g LBNDAFxxxxx | |

Please attach photocopy of the child’s birth certificate or passport to this declaration to verify the child/ren’s eligibility to access the grant. Please redact any sensitive information e.g. passport number.

Step 4 complete? Tick here.

Step 5: 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 to each of 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 distribute the funding appropriately between the settings.

I understand that if I ‘stretch’ my entitlement over more than 38 weeks per annum (pa) this will reduce my weekly entitlement as detailed below:

| | 38 weeks per year | 39 weeks per year | 48 weeks per year | 50 weeks per year | 51 weeks per year | 52 weeks per year |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 15 hrs p/w | 15 | 14.5 | 12 | 11.5 | 11 | 11 |
| 30 hrs p/w (eligible families) | 30 | 29 | 24 | 23 | 22 | 22 |

My child will commence their free early education entitlement place from (date) for the following hours:

| | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Total hrs | Total weekly Charge |
|---|--------------------|-----------|--------------------|-----------|--------------------|-----------|--------------------|-----------|--------------------|-----------|-----------|---------------------|
| | Start-Finish times | No of Hrs | Start-Finish times | No of Hrs | Start-Finish times | No of Hrs | Start-Finish times | No of Hrs | Start-Finish times | No of Hrs | | |
| Example | 9am-5pm | 8hrs | 9am-5pm | 8hrs | 9am-5pm | 8hrs | 9am-5pm | 8hrs | 9am-5pm | 8hrs | | |
| All Attendance hours | | | | | | | | | | | | |
| Free Early education hours (A) | | | | | | | | | | | | NIL |
| Chargeable childcare hours @ £ 6.00 per hour | | | | | | | | | | | | |
| Additional Charges (food, nappies, transport etc) | | | | | | | | | | | | |
| Total Weekly Cost | | | | | | | | | | | | |

Please sign either Statement 1 or Statement 2:

Statement 1:

I confirm that my child only attends the provider below and does not access a free place with another provider

Provider Name _____ Ofsted URN No. _____

Parent/Carer Print Name _____ Parent/Carer Signature _____ Date _____

Statement 2:

I confirm that in addition to the provider detailed above my child takes up free early hours with another provider as outlined below over **38/39/48/50/51/52** weeks per annum (delete as appropriate):

Provider Name _____ Ofsted URN No. _____

| | Mon | Tue | Wed | Thu | Fri |
|-----------------------------------|-----|-----|-----|-----|-----|
| Attendance Hrs (number) | | | | | |
| Free Early Education Hrs (number) | | | | | |

Parent/Carer Print Name _____ Parent Carer/ Signature _____ Date _____

Step 5 complete? Tick here.

Step 6: Parent/Carer/Guardian with Legal Responsibility Declaration

Declaration: 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 with legal responsibility | | Childcare Provider | |
|---|--|--------------------|--|
| Signed | | Signed | |
| Print name | | Print name | |
| Date | | Date | |

In collecting your data for the purposes of checking your eligibility for the 2-year-old, or 3 & 4-year-old universal and extended free entitlements, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF), London Borough Newham is exercising the function of a government department. London Borough of Newham 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 provider or London Borough of Newham. 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. Providers are asked to pay particular note to advice from the Information Commissioner's Office on holding personal data including sensitive personal data available at:

<https://ico.org.uk/for-organisations/guide-to-data-protection/principle-3-adequacy/>

Step 6 complete? Tick here.

This form is now complete