**This form is for a child accessing a Funded Entitlement Place from 1st September 2020.**

**The parent, carer or guardian (referred to as ‘parent’) with legal responsibility for the child must complete this document prior to their child taking up a funded entitlement place.**

The parent must:

* Complete and sign a Parent Declaration Form:
	+ for ***each*** child who will access a Funded Entitlement Place
	+ with ***every*** School / Provider where the child will access a Funded Entitlement Place, in order to ensure that funding is paid fairly between them
* Provide original documentation evidence of the child’s date of birth i.e. birth certificate, passport, NHS medical card

**1. Providers Details - *Provider to complete Section 1***

|  |  |
| --- | --- |
| **School/Provider Name** |  |
| **Provision Address** |  |

**2a. Child’s Details** -if you are not sure what to enter in any of the boxes please talk to your Provider

|  |  |
| --- | --- |
| **Child’s legal forename(s)** |  |
| **Child’s Legal Surname** |  |
| **Name by which child is known if different from above** |  |
| **Address****(Including Postcode)** |  |
| **Date of Birth (DoB)** |  | **Male / Female** |  |
| **Document Proof of DoB** *i.e. birth certificate, passport* |  | **Document Recorded by***Signature*  |  |
| **Date Document Recorded** |  | **Two Year Old Code** |  |
| **Child’s First Language** |  |
| **Child’s Ethnicity** |  |

**2b. Parent’s Details** – Please provide for emergency contact information

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent 1 First Name** |  | **Contact number** |  |
| **Parent 1 Last Name** |  | **Parent Responsibility** | **Y** |  | **N** |  |
| **Same address as child**  (*please tick relevant box)* | ***Y*** |  | ***N*** |  | **Email address** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent 2 First Name** |  | **Contact number** |  |
| **Parent 2 Last Name** |  | **Parent Responsibility** | **Y** |  | **N** |  |
| **Same address as child**  (*please tick relevant box)* | ***Y*** |  | ***N*** |  | **Email address** |  |

**3. Additional Details Required for the 30 Hours Validation Check**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent National Insurance Number** |  | **30 Hours Eligibility Code** |  |

**4. Providers and Attendance Details**

* A Provider can be: a school nursery, day nursery, sessional provider, childminder or breakfast / after school club
* Your child can attend a maximum of two sites in a single day
* If your child attends more than one Provider the funding will be split fairly between them

**My child is attending the following Provider(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider Name** | **Enter Number of Funded** **Entitlement Hours per Day** | **Total Number of Funded Hours per Week** | **Number of Weeks per Year** *i.e. 38, 45, 51* |
| **Mon** | **Tue** | **Wed** | **Thur** | **Fri** |
| **A** |  |  |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |  |  |
| **C** |  |  |  |  |  |  |  |  |
| **Total**  |  |  |  |  |  |  |  |

**Has your child already taken up 3 year old funded hours before coming to this Provider?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** |  |  | **Yes**  |  | *The parent must provide a copy of the previous Declaration Form*  |

**5. Early Years Pupil Premium (EYPP)**

The Early Years Pupil Premium (EYPP) is an additional sum of money paid to Providers for children of families in receipt of certain benefits. 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 Provider. If you believe that your child may qualify for the EYPP please provide the following information for the **main benefit holder** and complete section A, B or Cto enable the local authority to confirm eligibility. It is important the main benefit holder is the Claimant for example, the person named on the Tax Credit Award Form or letter from the Department for Works and Pensions.

***PLEASE NOTE:* completing section 5 is optional**

**Main benefit holder (Claimant):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent First Name** |  | **Parent Date of Birth** |  |
| **Parent Last Name** |  |
| **Please complete either A, B or C** |
| **(A) Parent National Insurance Number** |  |
| **(B) Parent National Asylum Support Service Number** |  |
| **(C) Other Criteria***Please indicate which one* | 🞎 Looked after child | *No further action, verification will be through the Council* |
| 🞎 Adopted from care🞎 Special Guardianship Order🞎 Child Arrangement Order | ***Childcare Provider*** | ***School*** |
| *Must submit to the Council a copy of this Form and the relevant court order*  | *Must tick the box to confirm the school has seen original documentation* 🞎 |

**6. Disability Access Fund Declaration**

Three and four year old children who are in receipt of child Disability Living Allowance and are receiving a funded entitlement place are eligible for the Disability Access Fund (DAF). DAF is paid to the child’s Provider as a fixed annual rate of £615 per eligible child.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** |  |  | **Yes**  |  | *The Provider must submit a copy of the DLA award letter to the Council* |

If your child is taking their funded entitlement place across more than one Provider please nominate the main Provider where the local authority should pay the DAF:

|  |  |
| --- | --- |
| **Nominated Provider**  |  |

**7. *Only complete this section if:* you have completed Section 3 and your child is entitled to a 30 hours Funded Place OR Section 5 Early Years Pupil Premium**

This section is to identify the Provider your child will take their 15 hours universal funded place with:

* The Early Years Pupil Premium is **only** paid for the 15 hours universal funded place that **all** 3 & 4 year olds are entitled to
* If your child is eligible for the 30 hours entitlement and a change of circumstances meant your child was no longer eligible, your child will continue to receive the 15 hours universal funded place

Please nominate the Provider your child will take their 15 hours universal funded place with:

|  |  |
| --- | --- |
| **Nominated Provider**  |  |

**8. Declaration Section:**

**I** *(print full name)* ..........................................................................................................

**of** (*print* a*ddress*) ..........................................................................................................

…………………………………………………………………………………………….

declare that the information I have provided above is complete and accurate. I understand and agree to the conditions set out in this document and I authorise the Provider named in Section 1 to claim funding as agreed in Section 4, on behalf of my child.

In addition, I also agree that the information I have provided can be shared with the local authority and Department for Education, who will access information from other government departments to confirm my child’s eligibility and enable the named Provider to claim entitlement place funding, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child.

I understand:

* this document must be signed prior to each Funding Period to confirm the information in this document is correct. If the information has changed a new Parent Declaration Form must be completed and agreed with the Provider.
* my child’s attendance should be regular and I will inform the provider if my child cannot attend and the reason for any absence
* my child’s funded entitlement place will be delivered without charge
* that any false or incorrect information could lead to the entitlement place funding being withdrawn
* any additional hours or services over and above the funded entitlement hours will incur a charge from the Provider
* should my child leave the Provider named in Section 1 during a funding period there will be no transfer of funding to a different Provider, within that funding period

**Please complete the relevant Funding Period:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Periods** | **Parent Signature** | **Provider Signature** | **Date** |
| 1st Sept to 31st Dec |  |  |  |
| 1st Jan to 31st March |  |  |  |
| 1st April to 31st Aug |  |  |  |

**9. Data Privacy:**

The General Data Protection Regulation and Data Protection Act 2018 gives you specific rights over your information. These rights are:

* to be informed of our use of information about you;
* of access to information about you;
* rectify information about you that is inaccurate;
* to have your information erased (the ‘right to be forgotten’);
* to restrict how we use information about you;
* to move your information to a new service provider;
* to object to how we use information about you;
* not to have decisions made about you on the basis of automated decision making;
* to object to direct marketing; and,
* to complain about anything the Council does with your information (please see the next section).

Some of the rights listed above apply only in certain situations, and some have a limited effect. Your rights are explained further in the Subject Rights Procedure on our website, as is how to make a request under one or more of them.

You can access information about yourself by making a subject access request at the following page of the Council’s website:

<http://www.doncaster.gov.uk/services/the-council-democracy/data-protection-policy>

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***Official Use Only:***

***Only*** *to be completed if a child leaves the provision before the end of their entitlement year*

**10. The Provider to Complete**

On completion of Section 10, a photocopy of the Parent Declaration Form is to be given to the parent prior to or on the last day the child attends the provision.

The Provider should explain to the parent they must take this form to any future Provider to verify the number of funded entitlement hours that have been claimed for the child.

***Please Note:*** If a child leaves after the headcount date and mid-funding period the entitlement funding claimed for the child will remain with the Provider, therefore the ‘date funding ended’ and the ‘number of funding hours claimed for’ should go up to the end of the Funding Period the Provider has received entitlement funding for.

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider Name** |  | **Number of Funded** **Hours Claimed for** |  |
| **Date Funded Hours Started** |  | **Date Funded Hours Ended** |  |
| **Provider Signature** |  | **Date Completed** |  |