**Sample**

**Parent declaration for the free entitlements**

**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:**

|  |  |
| --- | --- |
| **□ Birth Certificate** | **□ Passport** |
|  |  |

**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:** |
|  |  |

**Your Child’s Eligibility**

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

|  |  |
| --- | --- |
| **□ 2-year-old application** | **□ 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)?**

|  |  |
| --- | --- |
| □ Yes | □ No |

**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?**

|  |  |
| --- | --- |
| □ Yes | □ No |

**Document Check**

|  |  |  |  |
| --- | --- | --- | --- |
| **Documentary proof of DoB Type** |  | **Document recorded by** |  |
| (e.g. Birth Certificate, Passport)**:** |  | (name of staff member): |  |
|  |  |  |  |
| **Date document recorded** |  | **30 hours eligibility code:** |  |
| (dd/mm/yyyy): |  | (e.g. 12345678912) |  |
|  |  |  |  |
|  |  | **2-year-old eligibility code:** |  |
|  |  |  |  |

**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.

My child is attending the following settings:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **Please enter total free entitlement** | | | | | | | | | | | | |  |  | **Total** |  |  | **Number** |  |
|  |  |  |  |  |  |  |  |  |  |
|  | *Setting Name(s)* | |  |  | **hours attended per day** | | | | | | | | | | |  |  |  |  | **number** |  |  | **of weeks** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **of hours** |  |  | **per year** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Mon** |  |  | **Tue** |  |  | **Wed** |  |  | **Thur** |  |  | **Fri** |  |  | **per week** |  |  | **(e.g. 38,** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **45, 51)** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **A** |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **B** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **C** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Total Daily Free Hours** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Attended** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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:**

………………………………………………………………………………………….……………..

**Parent/Carer/Guardian with Legal Responsibility Declaration**

**Declaration:** I (name) .....................................................................................................

of (address) ...............................................

...............................................

...............................................

I 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** | | **Childcare Provider** | |
| **responsibility** | |  |  |
|  |  |  |  |
| Signed |  | Signed |  |
|  |  |  |  |
| Print |  | Print |  |
| name |  | 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) (see notes 1 – 3), Bury Council is exercising the function of a government department. Bury 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 provider or Bury Council. 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/>