

Provider:

CHILD DETAILS – please fill out your child's details

Forename:

Surname:

Middle Names:

Preferred Surname:

DOB: __/__/____

Provider: Has evidence of DOB been seen? E.g. birth certificate, please tick

Address:

Postcode:

2 Year Old Code: _____

Gender: M / F / Not Known / Not Specified

SEN Provision: Y / N

If yes, please circle: SEN Support / Education, Health and Care Plan

Ethnicity codes – Tick one box only

- | | | |
|--|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Mixed, White & Black Caribbean | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Mixed, White & Black African | <input type="checkbox"/> Black, Caribbean |
| <input type="checkbox"/> Traveller of Irish Heritage | <input type="checkbox"/> Mixed, any other mixed background | <input type="checkbox"/> Black, African |
| <input type="checkbox"/> White, any other background | <input type="checkbox"/> Asian, Indian | <input type="checkbox"/> Black, other black background |
| <input type="checkbox"/> Gypsy Roma | <input type="checkbox"/> Asian, Bangladeshi | <input type="checkbox"/> Any other ethnic group |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Asian, Pakistani | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Mixed White and Asian | | <input type="checkbox"/> Information Not Yet Obtained |

PARENT DETAILS – please fill out your details, to apply for a 30 hour code visit childcarechoices.gov.uk

To check eligibility for 30 hours / EYPP please fill out the parent/carer details below:

You must revalidate your eligibility to access the 30 hours entitlement with HMRC every 3 months through childcarechoices.gov.uk.

Parent/carer 1 name:

Parent/carer 2 name:

Parent/carer 1 National Insurance No: _____

Parent/carer 2 National Insurance No: _____

Parent/carer 1 DOB: __/__/____

Parent/carer 2 DOB: __/__/____

Parent/carer 1 NASS (if applicable): _____

Parent/carer 2 NASS (if applicable): _____

30 Hour eligibility code: _____

FUNDING DETAILS – please fill out the hours you would like your child to receive at each setting they attend.

Funding start date: __ / __ / ____

Funding end date (if known): __ / __ / ____

Names of all childcare providers	Please enter total funded entitlement	Total	Stretched offer?	
Provider note: Have you contacted the previous/other provider to ensure no duplication of claim occurs? Yes / No				
<i>corona virus pandemic</i> it is advised that children should attend one setting wherever possible.	Universal Hours	Extended Hours (if eligible for 30 hours)	hours claimed per week	TICK against ALL settings this applies to.
Provider 1: <i>e.g. Lily pad childcare</i>	15		15	
Provider 2: <i>e.g. Brown Owl Nursery</i>		15	15	

Has this child attended another setting? If yes, what date does their notice period end? __ / __ / ____

Universal hours allowance – 570 hours a year

Extended hours allowance – 570 hours a year

Standard offer - 570 hours provided over 38 weeks in the year which is 15 hours a week.

Stretched offer - 570 hours provided over 47.5 weeks in the year (inc school holidays) which is 12 hours a week.

Total un-funded hours per week (these are the hours the parent is required to pay for): ____

Provider note: If the number of hours per week changes, providers must amend this form, ask the parent to re-sign and date the form and state the date when the change happened.

DISABILITY ACCESS FUNDING (DAF) 3 and 4 year olds only – if your child is in receipt of disability living allowance your provider can claim £615 a year to support them in making reasonable adjustments to your child's provision.

Is this child in receipt of disability living allowance: Y / N

Do you nominate this provider to receive DAF? Y / N – If you attend more than one setting you can only nominate one Provider to receive DAF. Please provide your nominated provider with a copy of the DLA certificate.

SIGNATURES

I declare that all information on this declaration form is true to the best of my knowledge. I understand that any false or incorrect information could lead to funding being withdrawn or reclaimed. Please be aware that to certify false information could be viewed as making a fraudulent claim. By completing the parent details section of this form I am giving permission to check for DAF, EYPP and 30 hours funding.

Name and Signature:

Date: __ / __ / ____

Please note, we are committed to collecting and processing your personal data in a fair and transparent manner. For more information about how we use your personal details please see our Privacy Notice here:

<https://www.lincolnshire.gov.uk/eycc/early-years-entitlements/registration-and-delivery/129305.article>