

**Parental Agreement and Funding Claim Form**

**This form must be retained by the early years provider for 7 years after the last term of funding has been completed**

**Funding Claim for:**

**(please tick) Under 2’s**   **2 Year**  **3 & 4 Year**

**1: Child’s Details** – *this section is mandatory apart from the child’s middle name*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Childs Legal First Name** |  | **Middle Name/s** | |  | |
| **Childs Legal Surname** |  | | |  | |
| **Date of Birth** |  | **Gender** | | Male Female | |
| **SEN Provision** | None SEN Support EHC Plan *(please tick)* | | |  | |
| **Ethnic Group** |  | | |  | |
| **Address** |  | | |  | |
|  | | **Postcode** |  |  |

**2: Document Check -**  *this section is mandatory, please ensure you record the type of evidence seen*

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Documentary Proof of DOB Evidence** | *Passport / Birth Certificate / Red Health Book* | **Date Document Recorded:** |  |
| **Document Recorded by (Name of Staff Member):** |  | **Staff Signature** |  |

**3: Child’s Eligibility –** *only for 2 year funding or if the child is in receipt of Working Parent Entitlement*

|  |  |  |  |
| --- | --- | --- | --- |
| **2 Year Funding:** |  | | |
| **Child Reference Number –** *from TMBC Letter* |  | **Date Eligibility Letter Sighted** |  |
| **Working Parent Entitlement:** | |  | |
| **Eligibility Code –** *11 digit code issued by HMRC* |  | **Date Code Validated** |  |

# 4: Early Years Pupil Premium (EYPP)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is an additional sum of money paid to childcare providers for families in receipt of certain benefits. 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 to impact positively on your child’s progress and development. | | | | |
| **If you feel you meet the criteria, do you wish to apply for EYPP for your child?** | **Yes** |  | **No** |  |

**5: Parent / Carer Details** *– complete for an EYPP application or for Working Parent Entitlement only*

|  |  |  |
| --- | --- | --- |
|  | **Parent / Carer 1** | **Parent / Carer 2 (Optional)** |
| **Legal First Name:** |  |  |
| **Legal Surname:** |  |  |
| **Date of Birth:** |  |  |
| **NI or NASS Number:** |  |  |

**6: Disability Access Fund (DAF) -**  *A copy of your child’s DLA award is required*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Children who are in receipt of Disability Living Allowance (DLA), and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to your child’s early year’s provider as a fixed annual sum to support providers to make reasonable adjustments and build the capacity of their setting to support children with disabilities. | | | | | |
| **Is your child eligible and in receipt of Disability Living Allowance (DLA)?** | | **Yes** |  | **No** |  |
| If your child is splitting their free entitlement across two or more providers please nominate the main setting where the local authority should pay the DAF: | | | | | |
| **Nominated Provider:** |  | | | | |

## *Section 7, 7.1 and 7.2 - For Completion by the Childcare Provider*

Please use all 3 sections of this form - once all 3 terms have been used a new Parental Agreement and Funding Claim form must be completed and signed by the Parent / Carer / Guardian with legal responsibility

**7: Provider and Attendance Details –**  *all sections that apply are mandatory*

**Term 1 of Funding**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | You need to agree and complete this Declaration Form with each setting your child attends for their early education entitlement of 15 or 30 hours per week in order to ensure that funding is paid fairly between them | | | | | | | | | | | | | | | | |
|  | Your child can attend a maximum of two settings in a single day and if your child attends more than one setting we will split the funding fairly between them | | | | | | | | | | | | | | | | |
| **Spring** | |  | | **Summer** | |  | | | **Autumn** | | X |  | | **Year** | | **2024** | |
| **Funded Hours - Start Date:** | | | **02/09/2024** | | | | | | **Funded Hours - End date:** | | |  | **20/12/2024** | | | | |
| **Setting Name:** | | | | | **Please enter the total free entitlement hours attended per day** | | | | | | | Total hours per week | | | Universal, Extended or Both | | No.of  Funded Weeks  this term |
| St Paul’s Catholic Primary School | | | | | Mon | | Tues | Wed | | Thurs | Fri |
| Number of hours at setting per day | | | | |  | |  |  | |  |  |  | | |  | |  |
| Number of free hours per day | | | | | **3** | | **3** | **3** | | **3** | **3** | **15** | | | **Universal** | | **14.8** |
| **My child is also attending the following setting for free hours:** | | | | | | | | | | | |  | | | | | |
| **2.** | | | | |  | |  |  | |  |  |  | | |  | |  |
| **Total Daily Free Hours Attended** | | | | |  | |  |  | |  |  |  | | |  | |  |

# 7.1: Provider and Attendance Details continued - *all sections are mandatory*

**Term 2 of Funding**

## If the funding attendance pattern as detailed in Section 7 remains the same, please complete this section for Term 2. If the funding attendance pattern has changed, please complete and sign the Parental Agreement and Funding Claim Form - Addendum

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Spring** | X | | **Summer** |  |  | **Autumn** |  | | | **Year** | **2025** | |
| **Funded Hours - Start Date:** | | **06/01/2025** |  | **Funded Hours - End date:** | | **31/03/2025** |  | | **No. of funded**  **Weeks this Term:** | |  | 11 |
| **Name of Staff Member:** | | |  |  | |  |  | | | |  | |
| **Staff Signature:** | | |  |  | |  |  | **Date:** | |  |  | |

**7.2: Provider and Attendance Details continued** - *all sections are mandatory*

**Term 3 of Funding**

**If the funding attendance pattern as detailed in Section 7 remains the same, please complete this section for Term 3. If the funding attendance pattern has changed, please complete and sign the Parental Agreement and Funding Claim Form - Addendum**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Spring** |  | | **Summer** | | **X** | **Autumn** |  | | | **Year** | **2025** | |
| **Funded Hours - Start Date:** | | **01/04/2025** |  | **Funded Hours - End date:** | | **25/07/2025** |  | | **No. of funded**  **Weeks this Term:** | |  | **12.2** |
| **Name of Staff Member:** | | |  | | |  |  | | | |  | |
| **Staff Signature:** | | |  | | |  |  | **Date:** | |  |  | |

**8: Data Privacy -** *this section is mandatory*

|  |  |  |  |
| --- | --- | --- | --- |
| 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 (DfE), local authorities and schools and other early education providers. The Act gives rights to those about whom data is held (known as data subject), 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 Tameside MBC. 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 to advice from the Information Commissioner’s Office on holding personal data including sensitive personal data available at: <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/training-videos/handling-more-sensitive-information/> | | | |
| **Privacy Notice Seen by Parent / Carer** |  | **Date** |  |

# 9: Parent / Carer / Guardian With Legal Responsibility Declaration - *this section is mandatory*

In collecting your data for the purposes of checking your eligibility for Early Years Free Entitlements, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF), Tameside MBC is exercising the function of a government department. Tameside MBC is authorised to collect this data pursuant to Section 13 of the Childcare Act 2006.

|  |  |  |  |
| --- | --- | --- | --- |
| I (**insert Parent / Carer / Guardian full name**) | | | |
| of the address given above in Section 1. 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**) St Paul’s Catholic Primary School | | | |
| To claim free entitlement funding as agreed above on behalf of my child and:   * I agree that the information I have provided can be shared with the local authority, Department for Education, other Local Authorities (if my address is outside Tameside) and other government departments to confirm eligibility for the funding detailed in the document * My provider has given me information about the free entitlement funding and I understand it is free at the point of delivery and that I cannot be charged for this in advance    A copy of the Privacy Notice has been made available to me by the above Provider   * I agree to the pattern of funded hours detailed on this form, my child will attend regularly throughout the term and will not be absent without good reason. I will notify my provider if my child is absent. If I want to alter my child’s hours or pattern of attendance, I will check with my provider who will inform the Council where it affects the free entitlement funding * I understand the Free Entitlement is capped at either 570 hours (15 hours) or 1140 hours (30 hours) each financial year. I also understand that my eligibility for Working Parents Entitlement may change and should I become ineligible at any point in the year, my entitlement will reduce to 15 hours or cease after the Grace Period where applicable. I authorise Tameside MBC to use the information in this form to check my child’s continuing eligibility for Working Parent Entitlement * I agree to the funding arrangement detailed in Section 7 and commit to this for the duration of the term.  **If I change provider within the term, I understand the Free Entitlement Funding may not necessarily follow my child and I agree to pay the fees with the new provider until the start of the next term** * The Council is under a duty to protect the public funds it administers, and will use the information you have provided on this form for the prevention and detection of fraud. We may share this information with other bodies responsible for auditing or administering public funds for these purposes. I understand that if I make a false or incorrect declaration on this form that leads to an overpayment or to a duplicate claim, I will be liable to return any overpayment of funded provision and any resulting administration or legal costs | | | |
| **Parent / Carer / Guardian with legal responsibility** | | **Childcare Provider** | |
| **Signed** |  | **Signed** |  |
| **Print Name** |  | **Print Name** |  |
| **Date** |  | **Date** |  |

**If at any stage you wish to withdraw consent for the eligibility checks detailed above, please contact your child’s early years provider or school who must then inform Tameside MBC**