

**Early Years Education -  
Parent Declaration form  
Eligible 2 / 3 and 4 year old children**



**Hampshire  
County Council**

**Part one: Provider details**

Provider name		Ofsted or DfE URN	
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**Part two: Child information**

Legal name of child

Date of birth       Gender  **Male**  **Female**

Ethnicity code     First Language

(see notes on page 5 for codes) 30 hours eligibility code

Unique reference number (if 2YO)  Parent NI number for 30 hours check

Address  Post code

**Part three (a): Claim details**

How many of the 15 universal free hours are you claiming (1 hour – 15 hours)

How many of the extended 15 hours (30 hour offer) are you claiming (1 hour – 15 hours)

- If you are claiming these hours you must give your provider your NI number and the eligibility code and sign this form to give them permission to check your eligibility.

How many weeks per year are you claiming (e.g. 38, 45, 51)

Claiming from (date)	<input type="text"/>	Claiming to (date)	<input type="text"/>					
I have agreed with the provider that my child will attend the following hours each week as below:								
	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>Weekly Total</b>
All hours attending each day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total free hours being claimed (1 hour – 30 hours)								<input type="text"/>
If you are claiming at a second setting, how many hours per week are you claiming with them?								<input type="text"/>
If you are claiming at a third setting how many hours per week are you claiming with them?								<input type="text"/>
If you are claiming at a fourth setting how many hours per week are you claiming with them?								<input type="text"/>

**Part three (b): details of other providers**

If you have indicated that you are claiming hours at another provider, please provide details below.

Name of second provider	Name of third provider	Name of fourth provider
Address	Address	Address
Post code	Post code	Post code
Phone:	Phone:	Phone:
Email:	Email:	Email:

**Part four: Early Years Pupil Premium Registration - 3 & 4 year olds only**

To help your provider access more funding, please answer Q1 and Q2 to find out if your provider can claim EYPP funding for your child. This does not affect your free Early Years Education funding claim.

**Q1 ADOPTED CHILDREN, CHILDREN SUBJECT TO A SPECIAL GUARDIANSHIP ORDER OR A CHILD ARRANGEMENT ORDER**

Has your child left local authority care through adoption, special guardianship or a child arrangement order? Yes  No

If yes, have you been granted an adoption order by the courts yet? Yes  No

You will need to give your provider a copy of the relevant court order.  
 NB: Your provider will send a copy of this form with the copy of the court order to the local authority to verify eligibility  
 Please tick if copy of Court Order is attached

If you have answered 'No' to Question 1 please go to Question 2 below.

**Q2 FAMILY INCOME AND BENEFITS - Is your joint family income under £16,190 per year and you are in receipt of benefits?**

Yes  No

**Q3 Only complete this section if you have answered Yes to Q1 or Q2. If you are claiming based on family income this must be the name of the main benefit holder.**

Title	Mr / Mrs / Miss / Ms / Other										
First name											
Last Name											
Date of birth	D D			M M			YYYY				
National Insurance Number*											
National Asylum Support Service (NASS) Number *			/			/					
Relationship to child											
Contact telephone number											
Address											
	Postcode:										

\* Complete as appropriate

**Part five: Disability Access Fund**

Your provider can claim Disability Access Funding (DAF) if your child is 3 or 4 years old and in receipt of Disability Living Allowance (DLA) or Personal Independence Payment (PIP).

- Only **one** provider can claim this funding per year.
- If you wish to nominate this provider to claim the Disability Access Funding please tick this box:

If you have ticked the box for DAF funding please provide a copy of your child's award letter to your provider who will to send to the local authority with a copy of this declaration form to claim the Disability Access Funding.

**Part six: Declarations**

**Important information for parents/carers – Conditions of claiming Early Years Education Funding**

1. This declaration must be signed by a person who has parental responsibility for the child.
2. You must show your provider evidence of your child's date of birth to confirm their eligibility for funding, e.g. birth certificate or passport.
3. If your child is a 2 year old you must also show your provider confirmation of your child's eligibility. You cannot claim before the date your eligibility has been confirmed.
4. Your 30 hour eligibility (extended 15 hours free entitlement) starts the funding period AFTER your eligibility is confirmed by HMRC through your childcare service account. **You must**

**secure your first eligibility code by 31 March, 31 August or 31 December. You must reconfirm your eligibility every 12 weeks with HMRC through your childcare service account to confirm you can retain your eligibility.**

5. Your child's count of 570 EYE hours starts the funding period after your child's 2nd, 3rd and/or 4th birthday.
6. You cannot claim more than 570 universal hours in any eligibility period across all settings that you attend or 1140 hours in any eligibility period if you are claiming 30 hours (extended 15 hours free entitlement).
7. If your child attends less hours than are available for EYE in any one funding period you cannot carry forward those hours that have not been claimed into the next funding period.
8. You cannot claim more than 10 hours per day.
9. You cannot claim more than 15 universal hours in any one week
10. You cannot claim more than 30 hours a week if you are eligible for the extended 15 hours a week.
11. You cannot make a claim at more than two sites on any one day.
12. You must tell your provider if your child is attending and claiming early years education funding at another provider.
13. You must inform your provider if you intend to leave this setting and the date your child is leaving, as this may affect your ability to claim funding at another provider.

#### Parent Declaration:

- **I have agreed the start date, attendance pattern and overall claim outlined in part three.**
- I declare that the above details are true and I understand that any false or incorrect information could lead to funding being withdrawn and I understand that I may be liable for fees and charges at the setting.
- I have read and understand the important information for parents/carers - conditions for the claiming Early Years Education Funding for my child and I know I can notify any breaches of the conditions by telephoning 01962 847070 or emailing: [childcare@hants.gov.uk](mailto:childcare@hants.gov.uk)
- I confirm that I have been provided with, read and understood the supporting privacy notice setting out how this information will now be processed, including confirming the lawful basis, any rights I have in regards this information and who to contact if I have any concerns.
- I have informed this provider of any arrangement that has been made to defer my child's entry into school and know that the provider, myself and the head teacher will need to ensure good transition arrangements for my child.
- **I have parental responsibility for the child.**

Parent Signature

Date

Print name

#### Setting declaration:

- I understand that in claiming Early Years Education funding from the County Council I am confirming my acceptance of the Early Years Education Payment Funding Terms and Conditions May 2018 as published on the SfYC Website: <http://www.hants.gov.uk/providers/eye-eyesff/eye-funding.htm>;
- I confirm that I have been provided with, read and understood the supporting privacy notice for providers, setting out how this information will now be processed, including confirming the lawful basis, any rights I have in regards this information and who to contact if I have any concerns; and
- I confirm I have agreed the attendance pattern, start date and overall claim outlined in part three.

Provider name

Signature

Date

Print name

Position

Manager / Owner / Chair of committee

**Part seven: - amendment to claim details**

How many of the 15 universal free hours are you claiming (1 hour – 15 hours)	<input type="text"/>
How many of the extended 15 hours (30 hour offer) are you claiming (1 hour – 15 hours)	<input type="text"/>
<ul style="list-style-type: none"> <li>If you are claiming 30 hours you must give your provider your NI number and the eligibility code and sign this form to give them permission to check your eligibility.</li> </ul>	<input type="text"/>
How many weeks per year are you claiming (e.g. 38, 45, 51)	<input type="text"/>

Start date of change	<input type="text"/>	Claiming to (date)	<input type="text"/>					
I have agreed with the provider that my child will attend the following hours each week as below:								
	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>Weekly Total</b>
All hours attending each day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total free hours being claimed (1 hour – 30 hours)								<input type="text"/>
If you are claiming at a second setting, how many hours per week are you claiming with them?								<input type="text"/>
If you are claiming at a third setting how many hours per week are you claiming with them?								<input type="text"/>
If you are claiming at a fourth setting how many hours per week are you claiming with them?								<input type="text"/>

**Part eight: details of other providers**

If you have indicated that you are claiming hours at another provider, please provide details below.

Name of second provider	Name of third provider	Name of fourth provider
Address	Address	Address
Post code	Post code	Post code
Phone:	Phone:	Phone:
Email:	Email:	Email:

- I confirm that I have agreed the start date, attendance pattern and overall claim outlined in part seven.

Parent Signature

Date

Print name

- I confirm that I have agreed the attendance pattern, start date and overall claim outlined in part seven.

Provider name

Signature

Date

Print name

Position

Manager / Owner / Chair of committee

Please note that information about whether a child is in receipt of Disability Living Allowance is sensitive personal data which should be handled appropriately. Providers are asked to pay particular note to advice from the ICO on holding personal data including sensitive personal data available at:

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

**Additional notes for completion**

You should complete this form in order to give permission to your chosen provider to claim the funding from the local authority for the hours you wish to use.

**When will my child be eligible for free early years education?**

Free part-time early years education starts in the funding period after your child’s second birthday (if the eligibility criteria is met), or for all children after their third birthday.

Child’s Birthday	Eligible birthday year starts
1 January - 31 March	1 April
1 April - 31 August	1 September
1 September - 31 December	1 January

**What evidence do I need to provide to confirm my child’s date of birth?**

You should let your provider see a copy of the birth certificate or other official document that confirms your child’s legal name and date of birth.

**Ethnicity codes**

Ethnicity	Code
White British	WBRI
Bangladeshi	ABAN
Indian	AIND
Pakistani	APKN
Any other Asian background	AOTH
Black African	BAFR
Black Caribbean	BCRB
Any other Black background	BOTH
Chinese	CHNE

Ethnicity	Code
Any other Mixed background	MOTH
White and Asian	MWAS
White and Black African	MWBA
White and Black Caribbean	MWBC
White Irish	WIRI
White Traveller of Irish Heritage	WIRT
Any other White background	WOTH
Gypsy/Roma	WROM
Any other ethnic group	OOTH
Do not wish to disclose	REFU