

RESTRICTED
Parental Declaration for
Free Early Education



City of
Stoke-on-Trent

It is essential that you complete all of the shaded fields
 Please tick one of the following boxes. I am claiming funding for a:

2 Year Old 3 Year Old 4 Year Old

Name of Child	DOB __ / __ / ____	Gender M / F
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Address	Post Code
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Ethnicity Codes – Tick one box only
(This section is a mandatory requirement used to generate information for the annual Census)

White, British	<input type="checkbox"/>	Gypsy / Roma	<input type="checkbox"/>	Mixed, any other mixed background	<input type="checkbox"/>	Asian/Asian British, Pakistani	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White, Irish	<input type="checkbox"/>	Mixed, White & Black Caribbean	<input type="checkbox"/>	Asian/Asian British, Indian	<input type="checkbox"/>	Black/Black British- Caribbean	<input type="checkbox"/>	Any other ethnic background	<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>	Mixed, White & Black African	<input type="checkbox"/>	Asian/Asian British/other Asian Background	<input type="checkbox"/>	Black/Black British- African	<input type="checkbox"/>	Did not wish to be recorded	<input type="checkbox"/>
White, any other White Background	<input type="checkbox"/>	Mixed White & Asian	<input type="checkbox"/>	Asian/Asian British, Bangladeshi	<input type="checkbox"/>	Black/Black British/other Black background	<input type="checkbox"/>	Not Obtained	<input type="checkbox"/>

I wish to claim my Free Early Education at:

Name of Provider	Post Code
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Are you claiming any hours with another provider? If so, where...

And how many...

Term Time/Stretch

Funding Type – Please select one section ONLY (to be completed with provider)

1.Term Time (tick)

No. Funded hours per week (Max 15)

*No. Additional Funded Hours (Max 15)

Funding Start Date:

2.Stretch Offer (tick)

No. Funded hours per week

*No. Additional Funded Hours

Funding Start Date:

***If you qualify for 30 Hours' funding please provide your 11 digit Department for Education Eligibility Reference Number (DERN):**

**Please also complete NI number overleaf*

Attendance Pattern – please state the number of local authority funded hours claimed each day

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

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Disability Access Fund – Three and four year old children who are in receipt of child Disability Living Allowance (DLA) and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child's early years setting as a fixed annual rate of £615 per eligible child. **Please sign to indicate your wishes for the LA to pay this childcare provision.**

Is your child in receipt of DLA? Yes

No

Signature

Early Years Pupil Premium – Your chosen childcare provider may be eligible to claim a Pupil Premium to improve the quality of early years education for your child. This will be discussed with you upon completing this section. Should you complete this section of the parental declaration for a 2 year old the local authority may also use the data to establish your entitlement to the 2 year funding offer if we believe that you have not already applied.

*NI Number ___ - ___ - ___ - ___ - ___

**NASS Number ___ / ___ / _____

Full Name

Date of Birth ___ / ___ / _____

Partner Details (if applicable)

*NI Number ___ - ___ - ___ - ___ - ___

**NASS Number ___ / ___ / _____

Full Name

Date of Birth ___ / ___ / _____

Entitlement Guidelines

****for those claiming Asylum**

- **No session before 6:00 am or after 8:00 pm**
- **Parents can access their free entitlement at a maximum of 2 providers in one day**
- **You must reconfirm your 30 Hours' entitlement with HMRC every 3 months**
- **The local authority reserves the right to refuse to fund any provision that has an Inadequate or Requires Improvement ofsted judgement.**

Please note that it is an offence to submit a claim if you are already claiming the grant, or are waiting to hear the outcome of a grant application, from another Local Authority.

I certify that this information given on this form is true and complete. I understand that if I give false information or fail to declare my full circumstances, Stoke-on-Trent City Council may withdraw the funding for my child and take criminal proceedings against me.

I authorise the Local Authority to check current/future eligibility for the 2 year old funding/30 hours' funding/Early Years Pupil Premium where applicable. I also understand that only one provider may receive DAF funds for my child.

Parent / Guardian
Name (Print):

Signed:

Date:

Provider Manager
Name (Print):

Signed:

Date:

Data Protection & Privacy Statement

Stoke-on-Trent City Council is the data controller for the purposes of the Data Protection Act 1998. We regard your privacy as important and we will only use your personal information for the purposes for which you provide it, or where allowed by law, to prevent and detect fraud. Stoke-on-Trent City Council may use some of your personal data to monitor and evaluate the service we deliver.

We will only hold your information for as long as necessary for these purposes and will not pass it to any other parties. All employees who have access to your personal data or are associated with the handling of that data are obliged to respect the confidentiality of your personal data.

Under the Data Protection Act 1998 you have certain rights regarding access to your personal data. If you would like your personal data to be removed from our records please contact us on 01782 231278.

To make a request for information under the Freedom of Information Act 2000 please put it in writing to Early Years, Stoke on Trent City Council, Floor 2, Civic Centre, Glebe Street, Stoke-on-Trent, ST4 1HH. For further general information about either the Data Protection Act 1998 or the Freedom of Information Act 2000 please visit www.ico.gov.uk.

All completed Parental Declarations are to be kept on site ready for audit inspections, and held in accordance with the Data Protection Act 1998.

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V5.1 – 24.04.2017