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| **Part 1: Child Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child's legal forename: | | | | | |  | | | | | | | | | | Child's legal surname: | | | | | | |  | | | | | | | | |  |
| Name by which child is known (if different from above): | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
| Date of birth: | | | |  |  | **/** |  |  | **/** |  |  |  |  |  | | | | | | | | | | | Male | | |  | Female | | |  |
| First Language: | | | |  | | | | | | | | | | | | Ethnicity: | | |  | | | | | | | | | | | | |  |
| Full address including postcode (where child is resident): | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
| ID checked (proof of name/DOB): | | | | | | | | | Passport | | |  | Birth certificate | | | | |  | ID reference No: | | | | |  |  |  |  |  |  |  |  |  |
| Document recorded by (staff name): | | | | | | | | | |  | | | | | | | | | Date seen: | | | |  |  | **/** |  |  | **/** |  |  |  |  |
| Funded entitlement eligibility code: | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | | | 2-year-old | | | |  | 3/4-year-old | | | |  |
| **Part 2: Parent/Carer Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/carer 1** | | | | | | | | | | | | | | | | **Parent/carer 2** | | | | | | | | | | | | | | | | |
| Title: | |  | | Legal surname: | | | | |  | | | | | | | Title: | |  | | | Legal surname: | | | | |  | | | | | | |
| Legal forename(s): | | | | |  | | | | | | | | | | | Legal forename(s): | | | | | |  | | | | | | | | | | |
| Same address as child? | | | | | | | | | | Yes: | |  | No: | |  | Same address as child? | | | | | | | | | | | Yes: | |  | No: | |  |
| If no please provide: | | |  | | | | | | | | | | | | | If no please provide: | | | |  | | | | | | | | | | | | |
| Parental responsibility? | | | | | | | | | | Yes: | |  | No: | |  | Parental responsibility? | | | | | | | | | | | Yes: | |  | No: | |  |
| Relationship to child: | | | | | |  | | | | | | | | | | Relationship to child: | | | | | | |  | | | | | | | | | |
| Date of birth: | | | | | |  |  | **/** |  |  | **/** |  |  |  |  | Date of birth: | | | | | | |  |  | **/** |  |  | **/** |  |  |  |  |
| National Insurance No: | | | | | | |  |  |  |  |  |  |  |  |  | National Insurance No: | | | | | | | |  |  |  |  |  |  |  |  |  |
| Email: | |  | | | | | | | | | | | | | | Email: | |  | | | | | | | | | | | | | | |
| Mobile number: | | | | |  |  |  |  |  |  |  |  |  |  |  | Mobile number: | | | | | |  |  |  |  |  |  |  |  |  |  |  |
| **Part 3: Setting and Attendance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This section must contain details of **all** settings that are claiming your child's early years funding entitlement. This ensures funding is claimed correctly and no over claims occur. Your child can attend a maximum of two early years settings in a single day for a minimum of 2 hours per day with each setting. You can ‘stretch’ your funding to cover holiday periods if your childcare provider is open for more than 38 weeks; please discuss this with your provider. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date funded hours will start at this provider: | | | | | | | | | | | | |  |  | **/** |  |  | **/** |  |  |  |  |  | | | | | | | | | |
| Provider name(s) –  Please list all providers where your child is claiming their funding entitlement. | | | | | | | | | | Please enter total number of funded hours attended per day for each provider | | | | | | | | | | | | | | Total number of **Universal** hours per week\* | | | Total number of **Extended** hours per week\*\* | | | Funded weeks delivering per year (e.g. 51) | | |
| Mon | | Tue | | Wed | | Thu | | Fri | | Sat | | Sun | |
| 1 |  | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |
| 2 |  | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |
| 3 |  | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |
| **Total** daily funded hours claimed:  (Do not exceed the maximum totals) | | | | | | | | | | MAX 10 | | MAX 10 | | MAX 10 | | MAX 10 | | MAX 10 | | MAX 10 | | MAX 10 | | MAX 15 | | | MAX 15 | | |  | | |
| \***Universal** hours are any part of the first 15 hour of early education funding for all 3 and 4 year olds and eligible 2 year olds.  \*\***Extended** hours are hours over and above the first 15 hours of **Universal** funding; the **Extended** hours are known as 30 hours. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the child detailed above is leaving mid term/year, please complete the following section: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agreed date provider will cease funding: | | | | | | | | | | | | |  |  | **/** |  |  | **/** |  |  |  |  | *I understand this includes a 4 week notice period, funding cannot begin at a new setting until after this date.* | | | | | | | | | |
| Parent/carer signature: | | | | | |  | | | | | | | | | | | | | | | | |

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| **Part 4: Early Years Pupil Premium (EYPP)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Early Years Pupil Premium (EYPP) is an additional sum of money paid to childcare providers for eligible early years children. This funding will be used by the childcare provider to enhance the quality of their early years experience by improving the teaching, learning, facilities and resources, with the aim of enhancing your child’s progress and development.  EYPP eligibility will be checked when your provider enters the details supplied on part 2 of this form, and ticks to confirm your consent in the early years provider portal. For further information please speak to your childcare provider. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1** | My child is adopted. | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
| **2** | My child is in local authority care or has left local authority care and is subject to a special guardianship order, or a  child arrangement order. | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
| **3** | I give permission for my contact details to be passed to Swindon Borough Council Early Years Funding team, to  claim further funding streams I may be eligible for. | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
| **Providers** please email [earlyyearsfunding@swindon.gov.uk](mailto:earlyyearsfunding@swindon.gov.uk) if options **1** or **2** are ticked so eligibility can be checked  manually. Children who fall into criteria 1 or 2 may not have their eligiblity status picked up through the portal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 5: Disability Access Funding (DAF)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Early Years children who are in receipt of child Disability Living Allowance (DLA) and attend funded early education are eligible for the Disability Access Fund (DAF).  DAF provides additional funding for providers to support children with disabilities and/or special educational needs. It is used to aid access to an early years provision by supporting providers in making reasonable adjustments to their setting.  DAF is paid to the early years setting as a fixed annual rate per eligible child. A new application is required each year. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your child eligible and in receipt of Disability Living Allowance (DLA)? | | | | | | | | | | | | | | | | | | | | | | | Yes: | |  | No: | |  |
| If you answered yes, please state your chosen provider below and provide them with a copy of your DLA award letter. This letter should contain your eligible from and to dates to enable the provider to make an online application.  **Please note**, if your child is splitting their funded entitlement across two or more providers, only **one** provider can receive  the funding per year. Please nominate the main setting where the local authority should pay the DAF. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Setting Name: | | | | |  | | | | | | | | | Date specified: | | | | |  |  | **/** |  |  | **/** |  |  |  |  |
| **Part 6: Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please read the following statement and confirm you agree by signing and dating below:**  Declaration I (name) confirm that the information I have provided above is accurate and true and consent to the Local Authority using this data. I understand and agree to the conditions set out in this document and I authorise the provider named in this agreement to claim funding as agreed above on behalf of my child.  I understand that I must inform my provider if I intend to leave their setting and provide a minimum of 4 consecutive weeks notice ensuring a clear end date is provided. Failure to do this will affect my ability to claim funded sessions with another provider.  In collecting your data for the purposes of checking your eligibility for the free entitlements, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) ), Swindon Borough Council is exercising the function of a government department. Swindon Borough Council is authorised to collect this data pursuant to Section 13 of the Childcare Act 2006.  The General Data Protection Regulation and Data Protection Act 2018 require organisations, businesses and the government to keep your personal information secure and to only use it in accordance with the data protection principles. I confirm upon signing this declaration that I have been shown and understand the terms in **Swindon Borough Council**  **Early Years Privacy Notice - Families** and understand how my personal data will be stored and used. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I confirm by ticking this box that I have been shown and understand the terms contained in the **Swindon Borough**  **Council Early Years and childcare privacy notice** and understand how my personal data will be stored and used. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Parent/Carer/Guardian with legal responsibility | | | | | | | | | | | | | Childcare Provider | | | | | | | | | | | | | | | |
| Signed: | | |  | | | | | | | | | | Signed: | |  | | | | | | | | | | | | | |
| Print Name: | | | |  | | | | | | | | | Print Name: | | |  | | | | | | | | | | | | |
| Date: | |  |  | **/** |  |  | **/** |  |  |  |  |  | Date: |  |  | **/** |  |  | **/** |  |  |  |  |  | | | | |