

EY2c Parent Declaration Form

1. Child's Details

Legal forename	Legal middle name/s	Legal surname
Preferred surname (if different)	Date of birth	Male Female
Ethnicity <input type="checkbox"/> White British <input type="checkbox"/> White English <input type="checkbox"/> White Cornish <input type="checkbox"/> White Irish <input type="checkbox"/> Any other white background <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Any other black background <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background <input type="checkbox"/> Information Not Yet Obtained <input type="checkbox"/> Refused <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian Background <input type="checkbox"/> Any other ethnic group, please specify:		
Address and Postcode:		

Your childcare provider will need to see proof of your child's date of birth.

Please tick which document you will provide with this form:

<input type="checkbox"/> Passport	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Adoption Certificate
To be completed by Childcare provider:		
Document seen by (name of staff member):		
Date seen:		

2. Eligibility Codes

11-digit Eligibility Code	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
6-character Eligibility Code (For some 2-year-olds)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												

3. Parent/Carer Information and Consent required for EYPP and Eligibility Code checks

Parent/Carer Legal forename:	Parent/Carer Legal surname:	Date of Birth:										
National Insurance number or NASS number:		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
<input type="checkbox"/> I give permission for the Childcare Provider named in Section 4 to submit my details to Cornwall Council to complete checks to confirm my funding eligibility.												

4. Setting Name and Funded Hours

Childcare Provider/Setting Name:

Funding Start Date: Claim will not be paid if blank	Total funded hours per day					Total funded hours per week
	Mon	Tue	Wed	Thurs	Fri	
<input type="checkbox"/> Term Time	<input type="checkbox"/> Stretched		<input type="checkbox"/> *Banked - Hours banked per week: Date banked hours will be used by:			

Changes to Funded Hours: If funded hours change at any time, enter new weekly funded hours below with the new start date and parent's signature.

Date of Change: Claim will not be paid if blank	Total funded hours per day					Total funded hours per week
	Mon	Tue	Wed	Thurs	Fri	
<input type="checkbox"/> Term Time	<input type="checkbox"/> Stretched		<input type="checkbox"/> *Banked - Hours banked per week: Date banked hours will be used by:			

Parent's name/initials to confirm change of funded hours above:

Date of Change: Claim will not be paid if blank	Total funded hours per day					Total funded hours per week
	Mon	Tue	Wed	Thurs	Fri	
<input type="checkbox"/> Term Time	<input type="checkbox"/> Stretched		<input type="checkbox"/> *Banked - Hours banked per week: Date banked hours will be used by:			

Parent's name/initials to confirm change of funded hours above:

Date of Change: Claim will not be paid if blank	Total funded hours per day					Total funded hours per week
	Mon	Tue	Wed	Thurs	Fri	
<input type="checkbox"/> Term Time	<input type="checkbox"/> Stretched		<input type="checkbox"/> *Banked - Hours banked per week: Date banked hours will be used by:			

Parent's name/initials to confirm change of funded hours above:

* **Banked hours** - Careful consideration must be given to ensure these hours are used within a reasonable time and will be reclaimed if not used.

Attendance at another setting: My child also receives funding at the following other setting/s:

Childcare Provider/Setting Name	Total funded hours per week

Please ensure that the total funded hours at all settings do not exceed 15 hours (or 30 if eligible).

5. Early Years Pupil Premium (EYPP)

Additional funding for your provider may be available through EYPP to provide extra support/ additional resources to impact positively on your child’s progress and development: [EYPP Criteria](#)

- I wish to apply for EYPP for my child under economic (financial) criteria.
- I wish to apply for EYPP for my child and enclose a copy of the supporting document if applying under non-economic criteria (adoption/Child in care/SGO etc)

6. Disability Access Fund (DAF)

Children who are in receipt of Child Disability Living Allowance and are receiving the Early Years Funding are eligible for the Disability Access Fund (DAF). DAF is paid as an annual, fixed lump sum amount to **one** early year’s provider.

Is your child in receipt of Disability Living Allowance? Yes No

If yes, please provide a copy of your child’s DLA award confirmation letter to your chosen childcare provider.

Please nominate the provider you wish to receive DAF:

Privacy Statement

This information is being collected by the Education and Early Years Nursery Funding Team on behalf of Cornwall Council as Data Controller to assess entitlement to receive Nursery education (funded early learning) and other pupil benefits such as the Pupil Premium which can be claimed from the Department for Education to support your child at school. Data on you or your child may also be shared with relevant partners including the Family Information Service, Children’s Centres, Schools, The NHS, Childcare providers and other relevant partners within the Children, Schools and Families Directorate. The data held relating to the delivery of support by the relevant Support Service to your child will be used both for the provision of services and also for performance and service planning. This information will be held in a secure environment in accordance with Cornwall Council retention policy after which time it will be destroyed in a secure manner. <https://www.cornwall.gov.uk/the-council-and-democracy/data-protection-and-freedom-of-information/data-protection/retention-and-disposal-of-information/>

A copy of our Privacy Notice can be found at www.cornwall.gov.uk/csfrprivacynotice . You have the right to withdraw consent to the processing of your data at any time and your further rights as to how we handle your data can be found by following the above link. Should you wish to withdraw your consent please contact the Nursery Funding Team nurseryfunding@cornwall.gov.uk

7: Signatures - Acceptance of this Parental Declaration form will be made either by wet signature or by electronic signature (carried out in accordance with the 1999 EU Directive 99/93 (Community framework for electronic signatures) and the UK Electronic Communications Act 2000).


Parent/Carer/Legal Guardian:

I confirm that the information I have provided above is accurate and true. I authorise this childcare provider to claim free entitlement funding as agreed above on behalf of my child and I agree that my child will attend regularly, and funding may be withdrawn if this is not the case.

Electronic Signature:	
Or Signed by Pen/Typed:	
Date:	

Childcare Provider:

I confirm I will claim the hours as agreed above and in accordance with the Funding Agreement. This form was signed by the parent/carers/guardian after the form was fully completed and nothing has been added or changed since.

Electronic Signature:	
Or Signed by Pen/Typed:	
Date:	