

Parent Declaration for Early Education Funding (EEF)

It is essential that you complete the shaded sections to claim Early Education Funding (EEF) for your child. The non-shaded sections are optional.

This form is to be retained by the setting and should NOT be returned to Staffordshire County Council.

Child's details

2 year old

3 year old

4 year old

Child's name	DOB* __ / __ / ____	Gender M / F
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Address

* I have provided proof of my child's DOB (i.e. Birth Certificate or other documentary evidence)

Ethnicity codes—Tick one box only

(This is a mandatory requirement used to generate information for the Early Years Census)

<input type="checkbox"/> White British	<input type="checkbox"/> Mixed White and Asian	<input type="checkbox"/> Asian/Asian British, other Asian background	<input type="checkbox"/> Black, Black British African
<input type="checkbox"/> White Irish	<input type="checkbox"/> Mixed, White & Black Caribbean	<input type="checkbox"/> Asian/Asian British, Bangladeshi	<input type="checkbox"/> Black, Black British other Black background
<input type="checkbox"/> Traveller of Irish Heritage	<input type="checkbox"/> Mixed, White & Black African	<input type="checkbox"/> Asian/Asian British, Pakistani	<input type="checkbox"/> Any other ethnic Background
<input type="checkbox"/> White, any other Background	<input type="checkbox"/> Mixed, any other Mixed Background	<input type="checkbox"/> Asian/Asian British, Caribbean	<input type="checkbox"/> Parent did not wish for ethnicity to be recorded
<input type="checkbox"/> Gypsy Roma	<input type="checkbox"/> Asian/ Asian British, Indian		
<input type="checkbox"/> Chinese			

Provider choice/further parental details

I wish to claim my Early Education Funding (EEF) at:

Name of Provider	Postcode
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Are you claiming any hours with any other provider? YES / NO Name of Provider

If 'Yes' : How many **Universal** hrs? How many **Extended** hrs?

If you qualify for *30 hours of funded childcare (15 Extended hrs), please provide your

11 digit reference code:

Parent 1
National Insurance Number Parents DOB __ / __ / ____

Parent 2 (if applicable)
National Insurance Number Parents DOB __ / __ / ____

* If I fall out of eligibility for the Extended hours of childcare in future, I wish for my child to keep the Universal 15 hours of EEF at:

Name of provider

You must show a copy of your Think2 voucher code to the provider (if applicable).

Enter the Think2 voucher code here: Think2 voucher code:

Funding type — please select one section ONLY (to be completed with provider)
1. Term time / stretch (please circle one)

 Number of Universal funded hours per week (max 15) hours

 *Number of Extended funded hours (max 15) hours

 Funding start date
Entitlement Guidelines

- ◇ **EEF hours can be claimed between 6am and 8pm**
- ◇ **Parents can access their free entitlement at a maximum of 2 sites in any one day**
- ◇ **You must reconfirm your eligibility to access the Extended Hours entitlement with HMRC every 3 months**
- ◇ **Where applicable the Local authority reserves the right to suspend funding if the provision does not meet a Good or Outstanding Ofsted judgement.**

Additional Supplements

Some children are entitled to extra grants based on Government criterion. These grants go directly to your child's provider but can only be accessed if you choose to share information required to check eligibility.

Disability Access Fund (DAF) - Three and four year old children in receipt of Disability Living Allowance (DLA) and are receiving EEF are eligible for DAF. DAF is paid directly to your child's provider.

 Is your child in receipt of DLA? * YES / NO

*Please note, if you circled 'Yes' your provider will need to apply online and you will be requested to supply a copy of your child's most recent DLA award letter.

Early Years Pupil Premium (EYPP) - Some three and four year old children are entitled to a premium which the provider can use to support their learning and development (please discuss criterion with provider.) Your details are required for the Council to conduct an eligibility check. (Please note-if the Council already has your details on record this check may already have been undertaken).

Parent 1

 Surname (CAPS)

 Parents DOB

 *National Insurance number

 **NASS no.

*not required if completed on page1

** if claiming asylum

Parent 2 (if applicable)

 Surname (CAPS)

 Parents DOB

 National Insurance number

 **NASS no.

Privacy Notice

Information that you supply to your childcare provider will be shared with other organisations including Staffordshire County Council. The Local Authority will use the information you provide in order to:-

- Deliver our services and understand your needs
- Maintain and update your customer records or contact details
- Contact you where necessary in relation to the provision of this service
- Obtain your opinion and feedback about the services we provide
- Ensure that we fulfil our legal obligations

Your information may also be shared with other Local Authorities, Childcare Providers and the Department for Education for audit funding requirements or where there is a legal basis to do so.*

Information on how Staffordshire County Council process your information can be found here:-

<https://www.staffordshire.gov.uk/yourcouncil/requestandaccessinformation/What-we-do-with-you-personal-information/Privacy-Notice.aspx>

* If your child stops attending and your provider cannot make contact with you, your information may be shared with the Health Visiting Service to ensure wellbeing of your family.

Your rights

Under the Data Protection legislation you have a right to make a request for a copy of some or all of your personal information we hold about you. We want to make sure that your personal information is accurate and up to date. You may ask us to correct or remove information you think is inaccurate. Please help us to make sure that we have identified you correctly by letting us know when you change address or name, and tell us if any of your information we hold is wrong.

Your data will be held and processed in line with Data Protection Legislation and General Data Protection Regulation from May 2018. If you feel that your data is being handled incorrectly, you should speak to your childcare provider. If you are not satisfied with the response you receive, you can contact the Information Commissioners Office.

How to contact the Information Commissioners Office

Further information about [Data Controller Registration \(Notification\)](#) the [Data Protection Principles](#) and [raising concerns](#) about how information is handled is available from the Information Commissioners Office (ICO).

Contact details for the ICO are as follows:-

The Information Commissioner
Information Commissioner's Office

Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF

Telephone: 0303 123 1113 (local rate) or 01625 545745 (national rate)

Fax: 01625 524510

Email: mail@dataprotection.gov.uk

Internet: www.ico.org

Signatures

This form must be signed by parent/ carer to give consent to share personal information in line with GDPR compliance and for the purpose of claiming Early Education Funding.

THIS IS NOT A CONTRACT.

I have read the Privacy Notice and understand that any information shared with the Council will be stored in accordance with Data Protection Legislation.

I certify that the information given on this form is accurate to the best of my knowledge. I understand that if I give false information or fail to declare my full circumstances, Staffordshire County Council may withdraw the funding for my child and take criminal proceedings against me.

I understand that if my child does not consistently attend for the agreed amount of funded hours, the funding could be reduced or removed in full, meaning that I could incur childcare costs with my provider.

Parent name
(PRINT NAME)

Signature

Date

Provider Manager
(PRINT NAME)

Signature

Date

Unless your details have changed, you can sign the same declaration for your child's entitlement no later than the first week of each individual term (signatures must **not** be obtained in advance of the term).

AUTUMN TERM

Parent name
(PRINT NAME)

*Parent signature
(or person with Parental Responsibility)

Date

Any changes? If Yes, please state details

SPRING TERM

Parent name
(PRINT NAME)

*Parent signature
(or person with Parental Responsibility)

Date

Any changes? If Yes, please state details

SUMMER TERM

Parent name
(PRINT NAME)

*Parent signature
(or person with Parental Responsibility)

Date

Any changes? If Yes, please state details