

Part 2

Please use **BLOCK CAPITALS** when completing the form

* Mandatory information

1. YOUR CHILD'S DETAILS

Child's legal name*			
Name by which the child is known (if different from legal name)			
Date of Birth*			
Your childcare provider will need to see proof of your child's date of birth. Please indicate which document you will use. ❶		<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport	<input type="checkbox"/> Other
Address and Postcode*			
Gender*		Ethnicity ❷	
❸ If applicable, please indicate if your child is/has -	<input type="checkbox"/> Looked After By the LA <input type="checkbox"/> receiving DLA <input type="checkbox"/> an EHCP	Left Care through	<input type="checkbox"/> Adoption <input type="checkbox"/> Special Guardianship <input type="checkbox"/> Child Arrangement Order

2. YOUR DETAILS (PARENT OR CARER)

If a NEO or HMRC account exists, please provide the details of the named person on the account	
Parent/Carer legal name*	
Email Address ❹	

3. YOUR CHILD'S FUNDING ENTITLEMENT

My child is eligible for* -

<input type="checkbox"/> 2-year-old funding ❺	NEO Code (6 digit)	
<input type="checkbox"/> 3- and 4-year-old universal ❻		
Working Parent ❼		
<input type="checkbox"/> Under 2's	Parent/Carer NI Number	
<input type="checkbox"/> 2-year-old	HMRC Code (11 digit)	
<input type="checkbox"/> 3- and 4-year-old		

4. EXTRA FUNDING

Early Years Pupil Premium (EYPP) ❹

Do you agree for the LA to complete an EYPP eligibility check? <input type="checkbox"/> YES / <input type="checkbox"/> NO	
If YES, please provide your	Parent/Carer Date of Birth
	Parent/Carer NI / NASS Number

Disability Access Fund (DAF) ❿

Is your child in receipt of Disability Living Allowance (DLA)? <input type="checkbox"/> YES / <input type="checkbox"/> NO	
If YES	
<ul style="list-style-type: none"> Please attach the most recent copy of the DLA award letter to this form. Your nominated childcare provider will share this form and documentation with the LA. If you are using two or more providers for the entitlement, please nominate the one the LA should pay DAF: 	

5. DECLARATION

I understand that:

- I am responsible for ensuring that my child attends the pattern of attendance for funding purposes (Part 3 section 2) and I can request via my childcare provider a change to the number of funded hours claimed up to the maximum available
- the claim must adhere to the rules of funding, and it is fraudulent to sign up to or claim more funded hours than my child is attending
- hours not funded by the Local Authority (LA) are additional hours and fees will apply in accordance with my childcare provider's charging policy
- my provider can charge for chargeable extras within the rules of funding
- if I fail to provide complete and accurate information, this will affect my funding claim and fees may apply
- except where there are safety or quality concerns for which a formal complaint has been made to Ofsted and substantiated, if I decide to end my child's childcare arrangement without giving the required notice period, it will affect my next funding claim at my new provider
- if I have any concerns regarding my child's funded place, I will attempt to resolve this with my childcare provider in the first instance, however, if my concerns cannot be resolved, I can contact the LA's funding team
- the personal information that I provided will be held, and used –
 - in compliance with the General Data Protection Regulation
 - to contact me about my funding claim if needed
 - for analysis and statistical purposes including government returns
 - to support my child's learning and development
- my personal information will not be shared to a third party
- if my family is identified as eligible for Early Years Pupil Premium (EYPP) and or Disability Access Fund (DAF), the extra funding will be paid to my childcare provider(s) until my child is no longer accessing a funded entitlement or I need to re-confirm eligibility
- extra funding details will be shared with all my childcare provider(s)
- the parent/carers claim form will be requested by the LA to resolve disputes, check claims, investigate fraudulent claims and for audit purposes

I confirm:

I have read the information provided in Part 1 and Part 2 Section 5 of the parent/carers claim form

- ☐ My information can be used as detailed in Part 1 and Part 2 of the parent/carers claim form
- ☐ I will communicate with my provider if my childcare arrangement, eligibility, or details change, or I have any concerns
- ☐ I am the parent/carers with legal responsibility for the child named in Part 2 Section 1

The information I have provided is accurate and true. I understand and agree to the conditions set out in the parent/carers form and I authorise my childcare provider [A] named in Section 1 to claim the funded entitlement on my behalf for my child.

Parent / Carer*		Childcare Provider*	
Signed:		Signed:	
Print name:		Print name:	
Date:		Date:	

In collecting your data for the purposes of checking your eligibility for the funded entitlements, EYPP or DAF, Norfolk County Council is exercising the function of a government department.

Norfolk County Council is authorised to collect this data pursuant to Section 13 of the Childcare Act 2006.