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| **Early Years Entitlements (EYE)** |
| **Parent Declaration Form 2024-25** |
| **Provider Name***Completion of this form authorises this childcare provider to claim funding from Lincolnshire County Council* |  |
| **SECTION 1: CHILD DETAILS** |
| **Child forename***Include middle names* |  | **Child surname:** |  |
| **Date of Birth***(DD/MM/YYYY)* |  | **Gender***(select one)* | [ ]  Male [ ]  Female [ ]  Unknown |
| **Home Address***(including postcode)* |  | **Date of birth checked** | [ ]  Birth Certificate [ ]  Passport  |
|  |  | **Provider check***(date document seen)* |  |
| **Telephone:** |  | **Email:**  |  |
| **ADDITIONAL INFORMATION:**[ ]  Child is looked after by the local authority [ ]  Child has left care (adoption / SGO / CAO)[ ]  Child has an EHCP[ ]  SEN support being provided by setting[ ]  Non-EAA citizen with No Recourse to Public Funds (NRPF)[ ]  Child receives DLA? If yes, see box to right | **Please tick the box if you want this provider to claim Disability Access Funding (DAF).** *Please note that only* ***one*** *provider per child can claim this funding per year. You will need to provide a copy of your DLA award letter to your provider.*  |
|  | [ ]  **I nominate this provider to claim DAF.** |
| **SECTION 2: ETHNICITY** |
| [ ]  White British[ ]  White & Asian[ ]  White & Black African[ ]  White Irish[ ]  White Traveller of Irish Heritage[ ]  Any other White background | [ ]  Black African[ ]  Black Caribbean[ ]  Any other Black background[ ]  Gypsy/Roma[ ]  Bangladeshi[ ]  Indian[ ]  Pakistani | [ ]  Chinese[ ]  Other Asian background[ ]  Other mixed background[ ]  Other ethnic background[ ]  Do not wish to disclose[ ]  Information not obtained |
| **SECTION 3: PARENT DETAILS** |
| In some circumstances, your provider can access additional funding to support your child’s learning and development. By completing this section, you are authorising an eligibility check for additional funding. |
| **PARENT/CARER 1** | **PARENT/CARER 2** |
| **Name** |  | **Name** |  |
| **National Insurance / NASS**  |  | **National Insurance / NASS**  |  |
| **Date of birth:**  |  | **Date of birth:**  |  |
| Visit [**www.childcarechoices.gov.uk**](http://www.childcarechoices.gov.uk/) for up to date eligibility criteria for government funded childcare.You require an eligibility code to claim funded childcare using both the working parent criteria and the disadvantaged 2 year old criteria. A code is **not** required for universal hours for 3 or 4 year-olds.To qualify for the working parent entitlements, you **must** obtain an eligibility code by 31 March, 31 August or 31 December in order to claim funding in the following term. Working parents **must** reconfirm eligibility every 12 weeks with HMRC through your childcare account [**www.gov.uk/apply-free-childcare-if-youre-working**](http://www.gov.uk/apply-free-childcare-if-youre-working)For 2 year olds using the disadvantaged eligibility criteria, you can obtain an eligibility code, from the Lincolnshire Parent Portal. [**www.lincolnshire.gov.uk/parentportal**](http://www.lincolnshire.gov.uk/parentportal)

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| **SECTION 4: WHICH TYPE OF FUNDING IS BEING CLAIMED?**  |
| **Age** | **Max per week** | **Eligibility criteria** | Tick |
| 9 months upwards | 15 hours | Working family eligibility criteria (from Sept 24) |[ ]
| 2 years old  | 15 hours | Working family eligibility criteria (from April 24) |[ ]
| 2 years old | 15 hours | Disadvantaged criteria |[ ]
| 3 & 4 year old | 15 hours | \*Universal funding  |[ ]
| 3 & 4 year old | 15 hours | \*Working families extended eligibility criteria  |[ ]

 *\*can be claimed in conjunction if eligible. Tick all that apply. Maximum overall claim of 30 hours per week for 3 & 4 year olds.*  |
| **SECTION 5: EARLY YEARS ENTITLMENT CLAIM**  |
| **Funding Start date** |  | **Hours per week (max 15 hr)** | **Extended Hours** **(max 15hr)**  | **Total hours per week (max 30hr)** | **Delivery model** |
| **Provider 1:** |  |  |  | **Stretched** [ ] **Standard** [ ]  |
| **Provider 2:** |  |  |  | **Stretched** [ ] **Standard** [ ]  |
| **SECTION 5a: WORKING PARENT ENTITLEMENTS**  |
| **Please provide the eligibility code:***This is an 11 digit code* |  |
| **SECTION 5b: DISADVANTAGED 2 YEAR FUNDING (Child is in care, post care, DLA, EHCP, NRPF or on certain benefits)** |
| **Please provide the eligibility code:***This is a 6 digit code* |  |
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| **SECTION 6: ADDITIONAL INFORMATION** |
| **My child has previously claimed their funded entitlements at another childcare setting:****YES** [ ]  **NO** [ ]  | **Date notice was given in writing:** **End of notice period:**  |
| **SECTION 7: PARENT / CARER DECLARATION** | **Tick to confirm** |
| I declare the information provided is true to the best of my knowledge. I understand that any false information could lead to funding being withdrawn or reclaimed. | [ ]  |
| I agree where hours or services that are not funded by the local authority, fees will apply in accordance with my childcare providers charging policy. |[ ]
| I understand that I am responsible for obtaining and renewing my eligibility code prior to the deadline each term (31st March, 31st August and 31st December) |[ ]
| The personal information I have provided can be held and used in compliance with the Lincolnshire County Council privacy notice, in accordance with GDPR regulations. [**www.lincolnshire.gov.uk/privacynotice/childrenandfamilies**](https://www.lincolnshire.gov.uk/directory-record/62060/children-s-and-families-services-) |[ ]
| **Parent / Carer Declaration** | **Date** | **Parent Signature** |
| Name:  | Date:  |  |
| Name:  | Date:  |  |
| **Provider / setting declaration** | Added to Hub [ ]  |
| **Name :**  | **Date :**  | **Position :**  |

EYE team telephone: **01522 552752** Email: **EYE@lincolnshire.gov.uk**

Website : [**www.lincolnshire.go.uk/fundedchildcare**](http://www.lincolnshire.go.uk/fundedchildcare)