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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)   |  |  |  |  | | --- | --- | --- | --- | | **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* | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **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**](mailto:EYE@lincolnshire.gov.uk)

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