

Parental Agreement and Funding Claim Form

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This form must be retained	by the early year	rs provider for 7	7 years afte	er the last term of fur	nding has	been com	<u>ıpleted</u>
Funding Claim for: (please tick)	Under 2's		2 Year		3 & 4 Y	ear	
1: Child's Details – this sec	tion is mandato	ry apart from th	ne child's r	middle name			
Childs Legal First Name				Middle Name/s			
Childs Legal Surname							
Date of Birth				Gender	Male	☐ Fem	nale 🗌
SEN Provision	None SE	N Support	EHC Pla	n 🗌 (please tick)			
Ethnic Group							
Address							
Address				Postcode			
2: Document Check - this	section is mand	atory, please e	nsure you	record the type of e	evidence :	seen	
Type of Documentary Proof of DOB Evidence	Passport / Birth	Certificate / Red	l Health Boo	Date Documer Recorded:	nt		
Document Recorded by (Name of Staff Member):				Staff Signature	9		
3: Child's Eligibility - only	for 2 year fundi	ng or if the chil	d is in rece	eipt of Working Pare	ent Entitle	ment	
2 Year Funding:							
Child Reference Number –				Date Eligibility			
from TMBC Letter				Letter Sighted			
Working Parent Entitleme	nt:						
Eligibility Code – 11 digit code issued by HMRC				Date Code Validated			
4: Early Years Pupil Prem	nium (EYPP)						
Is an additional sum of money							
may be available through the E extra support for your child. E							
positively on your child's progr		•	ng and lea	iriling racilities and i	esources	to impac	l.
If you feel you meet the crite	ria, do you wis	h to apply for	EYPP for	your child?	Yes	ı	No
5: Parent / Carer Details	– complete for a	n EYPP applic	ation or fo	r Working Parent E	ntitlement	only	_
	P	arent / Carer 1	l	Paren	t / Carer :	2 (Option	ıal)
Legal First Name:							
Legal Surname:							
Date of Birth:							
NI or NASS Number:							
6: Disability Access Fund (DAF) - A copy of your child's DLA award is required							
Children who are in receipt of Disability Living Allowance (DLA), and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to your child's early year's provider as a fixed annual sum to support							
providers to make reasonable							
Is your child eligible and in receipt of Disability Living Allowance (DLA)? Yes No							
If your child is splitting their fre local authority should pay the I		cross two or mo	ore provide	ers please nominate	the main	setting w	here the
Nominated Provider:							

Section 7, 7.1 and 7.2 - For Completion by the Childcare Provider

Please use all 3 sections of this form - once all 3 terms have been used a new Parental Agreement and Funding Claim form must be completed and signed by the Parent / Carer / Guardian with legal responsibility

7: Provider and Attendance Details – all sections that apply are mandatory

7. Provider and Attendance Details – all sections that apply are mandatory												
Term 1 of Funding												
 You need to agree and complete this Declaration Form with each setting your child attends for their early education entitlement of 15 or 30 hours per week in order to ensure that funding is paid fairly between them Your child can attend a maximum of two settings in a single day and if your child attends more than one setting we will split the funding fairly between them 												
Spring		Summe	Summer Autumn]	Yea	ar 2	20		
Funded Hour Date:	s - Start	Funded Hours - End date:										
Setting Name	:	Please enter the total free e hours attended per day		ee entitlen	nent	Tota			iversal, tended	No.of Funded		
			Mon	Tues	Wed	Thurs	Fri	per week or Both			Weeks this term	
Number of hour	s at setting per o	lay										
Number of free	hours per day											
My child is al	so attending t	he follow	ing set	ting for fre	ee hours	3:	T	1				T
2.												
Total Daily Fre	e Hours Attend	ed										
7.1: Provider and Attendance Details continued - all sections are mandatory Term 2 of Funding If the funding attendance pattern as detailed in Section 7 remains the same, please complete this section for Term 2. If the funding attendance pattern has changed, please complete and sign the Parental Agreement and Funding Claim Form - Addendum Spring Summer Autumn Year 20												
Funded Hour Start Date:	5 -	Funded Hours - No. of funded Weeks this Term:										
Name of Staf	f Member:											
Staff Signatu	re:						Date) :				
7.2: Provider and Attendance Details continued - all sections are mandatory Term 3 of Funding If the funding attendance pattern as detailed in Section 7 remains the same, please complete this section for Term 3. If the funding attendance pattern has changed, please complete and sign the Parental Agreement and Funding Claim Form - Addendum												
Spring		Summe	r		Au	tumn]	Yea	ar 2	20	
Funded Hour Start Date:	s -		Fund End o	ed Hours · date:	-			of fu		rm:		
Name of Staff Member:												
Staff Signatu	re:						Date) :				

8: Data Privacy - this section is mandatory

The Data Protection Act 2018 (the Act) puts in place certain safeguards regarding the use of personal data by organisations, including the Department for Education (DfE), local authorities and schools and other early education providers. The Act gives rights to those about whom data is held (known as data subject), such as pupils, their parents and teachers. This includes:

- The right to know the types of data being held
- · Why it is being held; and
- To whom it may be disclosed

Should you have any concerns relating to how your information or the information relating to your child/ren is being or will be used, please contact your provider or Tameside MBC. Please note that information about whether a child is in receipt of Disability Living Allowance is, under the Act, Special Category Data, which should be handled appropriately. Providers are asked to pay particular to advice from the Information Commissioner's Office on holding personal data including sensitive personal data available at: https://ico.org.uk/for-organisations/uk-gdpr-quidance-and-resources/training-videos/handling-more-sensitive-information/

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Privacy Notice Seen by Parent / Carer		Date				

9: Parent / Carer / Guardian With Legal Responsibility Declaration - this section is mandatory

In collecting your data for the purposes of checking your eligibility for Early Years Free Entitlements, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF), Tameside MBC is exercising the function of a government department. Tameside MBC is authorised to collect this data pursuant to Section 13 of the Childcare Act 2006.

l (insert Parent / Carer / Guardian full name)
of the address given above in Section 1. confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise:
(Name of provider)

To claim free entitlement funding as agreed above on behalf of my child and:

- I agree that the information I have provided can be shared with the local authority, Department for Education, other Local Authorities (if my address is outside Tameside) and other government departments to confirm eligibility for the funding detailed in the document
- My provider has given me information about the free entitlement funding and I understand it is free at the point of delivery and that I cannot be charged for this in advance
- A copy of the Privacy Notice has been made available to me by the above Provider
- I agree to the pattern of funded hours detailed on this form, my child will attend regularly throughout the term and will not be absent without good reason. I will notify my provider if my child is absent. If I want to alter my child's hours or pattern of attendance, I will check with my provider who will inform the Council where it affects the free entitlement funding
- I understand the Free Entitlement is capped at either 570 hours (15 hours) or 1140 hours (30 hours) each
 financial year. I also understand that my eligibility for Working Parents Entitlement may change and should I
 become ineligible at any point in the year, my entitlement will reduce to 15 hours or cease after the Grace Period
 where applicable. I authorise Tameside MBC to use the information in this form to check my child's continuing
 eligibility for Working Parent Entitlement
- I agree to the funding arrangement detailed in Section 7 and commit to this for the duration of the term. If I change provider within the term, I understand the Free Entitlement Funding may not necessarily follow my child and I agree to pay the fees with the new provider until the start of the next term
- The Council is under a duty to protect the public funds it administers, and will use the information you have provided on this form for the prevention and detection of fraud. We may share this information with other bodies responsible for auditing or administering public funds for these purposes. I understand that if I make a false or incorrect declaration on this form that leads to an overpayment or to a duplicate claim, I will be liable to return any overpayment of funded provision and any resulting administration or legal costs

Parent / Car	er / Guardian with legal responsibility	Childcare Provider		
Signed		Signed		
Print Name		Print Name		
Date		Date		

If at any stage you wish to withdraw consent for the eligibility checks detailed above, please contact your child's early years provider or school who must then inform Tameside MBC