

EY2c Parent Declaration Form



1. Child details

| | | |
|---|---|-------------------|
| Legal forename | Legal middle name/s | Legal surname |
| First language | Surname by which child is known (if different) | |
| Date of birth | Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| Ethnic origin <input type="checkbox"/> Refused (REFU) <input type="checkbox"/> Pakistani (APKN) <input type="checkbox"/> White Irish (WIRI) <input type="checkbox"/> White English (WENG) <input type="checkbox"/> Sri Lankan Other (ASRO) <input type="checkbox"/> Travellers with Irish Heritage (WIRT) <input type="checkbox"/> White Cornish (WCOR) <input type="checkbox"/> Black African (BAFR) <input type="checkbox"/> Gypsy (WROG) <input type="checkbox"/> Other White British (WOWB) <input type="checkbox"/> Black Caribbean (BCRB) <input type="checkbox"/> Gypsy/Roma (WROM) <input type="checkbox"/> Any other White background (WOTH) <input type="checkbox"/> Any other Black background (BOTH) <input type="checkbox"/> Other Gypsy/Roma (WROO) <input type="checkbox"/> Any other Ethnic Group (OOTH) <input type="checkbox"/> Chinese (CHNE) <input type="checkbox"/> Roma (WROR) <input type="checkbox"/> Any other Mixed background (MOTH) <input type="checkbox"/> White/Asian (MWAS) <input type="checkbox"/> White Scottish (WSCO) <input type="checkbox"/> White Eastern European (WEEU) <input type="checkbox"/> White/Black African (MWBA) <input type="checkbox"/> Turkish Cypriot (WTUC) <input type="checkbox"/> Bangladeshi (ABAN) <input type="checkbox"/> White/Black Caribbean (MWBC) <input type="checkbox"/> Turkish (WTUK) <input type="checkbox"/> Indian (AIND) <input type="checkbox"/> Greek Cypriot (WGRC) <input type="checkbox"/> White Welsh (WWEL) <input type="checkbox"/> Any other Asian background (AOTH) <input type="checkbox"/> Greek (WGRK) <input type="checkbox"/> White Western European (WWEU) | | |
| Address | | Postcode |
| 2 year old Application Ref: 908- | | Eligibility date: |

2. Setting and attendance details

My child is claiming the hours below from: (date)

| Setting Name | Enter total funded hours attended per day | | | | | Universal hrs per week | Extended hrs per week | Term time <input type="checkbox"/> Banked * <input type="checkbox"/> Stretched <input type="checkbox"/> If stretched, no. of weeks per year: |
|--------------|---|-----|-----|------|-----|------------------------|-----------------------|---|
| | Mon | Tue | Wed | Thur | Fri | | | |
| | | | | | | | | |

* **Banked hours** – complete the boxes below

In special circumstances, where stretched funding is not applicable, a few hours a week can be 'banked' to give flexibility to the parents. These hours must be used up within a reasonable time and will be reclaimed if not used. Eg. 15 hours a week claimed, 13 hours attended with 2 hours banked a week, so in a 10 week term this will accrue 20 hours to be used up, usually in holiday periods. Careful consideration must be given to ensure these hours will be used up and by when.

| | | | |
|------------------------|--|--|--|
| Hours banked per week: | | Date by which banked hours will be used: | |
|------------------------|--|--|--|

My child also attends the following other setting/s:

| Setting name | Total funded hours per week: | Universal hrs | Extended hrs |
|--------------|------------------------------|---------------|--------------|
| | | | |

Please ensure that the total funded hours do not exceed 15 hours (or 30 if eligible)

3. Carer details for Early Years Pupil Premium

If you believe that your child may qualify for EYPP, please provide the following information regarding the main benefit holder to enable the local authority to confirm eligibility:

| | | |
|---|--|---------------|
| Title | Legal forename | Legal surname |
| Male <input type="checkbox"/> Female <input type="checkbox"/> | Date of birth | Relationship |
| Parental responsibility Yes <input type="checkbox"/> No <input type="checkbox"/> | Parent/carer National Insurance No NASS No. | |
| OR state criteria if other than financial: | | |
| I enclose a copy of the supporting document <input type="checkbox"/> | | |
| Does applicant live at same address as child? Yes <input type="checkbox"/> No <input type="checkbox"/> | If No give applicant's address: | |

4. Additional details for children claiming extended (30) hours funding

| | |
|-------------------------------------|--|
| Parent/carer National Insurance no. | 30 hours eligibility code |
| Code issue date | Note: Extended hours funding starts the term AFTER the code issue date, and the term AFTER the child turns 3 |

Privacy Statement

This information is being collected by the Education and Early Years Nursery Funding Team on behalf of Cornwall Council as Data Controller to assess entitlement to receive Nursery education (funded early learning) and other pupil benefits such as the Pupil Premium which can be claimed from the Department for Education to support your child at school. Data on you or your child may also be shared with relevant partners including the Family Information Service, Children's Centres, Schools, The NHS, Childcare providers and other relevant partners within the Children, Schools and Families Directorate. The data held relating to the delivery of support by the relevant Support Service to your child will be used both for the provision of services and also for performance and service planning. This information will be held in a secure environment in accordance with Cornwall Council retention policy. <http://www.cornwall.gov.uk/council-and-democracy/data-protection-and-freedom-of-information/data-protection/retention-and-disposal/> after which time it will be destroyed in a secure manner.

A copy of our Privacy Notice can be found at www.cornwall.gov.uk/csfprivacynotice. You have the right to withdraw consent to the processing of your data at any time and your further rights as to how we handle your data can be found by following the above link. Should you wish to withdraw your consent please contact the Nursery Funding Team nurseryfunding@cornwall.gov.uk.

| Parent/Carer/Guardian with legal responsibility | Childcare Provider |
|---|--------------------|
| I agree that my child will attend regularly and I understand that the funding will be withdrawn if this is not the case | |
| Signature _____ | Signature _____ |
| Print name _____ | Print name _____ |
| Date _____ | Date _____ |

For completion by setting. THIS SECTION MUST BE COMPLETED TO RECEIVE FUNDING

| | |
|---|--|
| Type of documentary proof of Child's DoB (eg Birth Certificate, Passport) | |
| Reference number of proof | |
| Date document recorded | |
| Document recorded by (name of staff member) | |

Previously provided on:

_____ date