

Details required to claim funded entitlements, Early Years Pupil Premium and Disability Access Fund.

Child's Legal Family Name:		Child's Legal Forename(s):	
Name by which the child is known (if different from above):			
Date of Birth:		Male/Female:	
Address:		Post Code:	
Documentary proof of DoB Type (e.g. Birth Certificate, Passport):		Document recorded by (name of staff member):	
Date document recorded (dd/mm/yyyy):			
Parents Date of birth: (dd/mm/yyyy):		Parents Surname	
Parent/carer National Insurance Number/NASS Number		If applicable- Working families 11-digit eligibility code: (e.g. 12345678912)	

Setting and attendance details

- 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 sites in a single day and if your child attends more than 1 setting we will split the funding fairly between the settings.

Setting Name(s)		Please enter total free entitlement hours attended per day					Total number of hours per week	Number of weeks per year (e.g. 38, 45, 51)
		Mon	Tue	Wed	Thur	Fri		
A								
B								
C								
Total Daily Free Hours Attended								

Early Years Pupil Premium (EYPP)

The Early Years Pupil Premium (EYPP) is an additional sum of money paid to childcare providers for children of families in receipt of certain benefits. This funding will be used to enhance the quality of their early years' experience by improving the teaching and learning and facilities and resources, with the aim of impacting positively on your child's progress and development. For more information, please speak to your childcare provider. For further information, please see their website: <https://www.gov.uk/get-extra-early-years-funding>

Disability Access Fund Declaration

Funded children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child's early years setting as a fixed annual rate. For further information, please see website: <https://www.gov.uk/disability-living-allowance-children/overview>

Is your child eligible and in receipt of Disability Living Allowance (DLA)?

If your child is splitting their free entitlement across two or more providers, please nominate the main setting where the local authority should pay the DAF:

Data Protection

Northumberland County Council takes privacy seriously and will only use the personal data provided as part of this form to administer and provide the School Readiness Passport and associated services. This is an opt in process and you are legally entitled to withdraw your consent or exercise your individual rights at any time. You can opt out at any point by contacting: Earlyyearsteam@northumberland.gov.uk.

More information about how Northumberland County Council processes your personal data can be found in the [Northumberland School Readiness Passport privacy notice](#):

Declaration:

I (Name)

of (Address)

confirm that the information I have provided above is accurate and true. I understand and agree the following:

1. I have read, noted and understood the information provided to me as part of this document.
2. I understand and agree to the conditions set out in this document and I authorise (Name of Provider/s) to claim free entitlement funding as agreed above on behalf of my child.

3. I understand and agree that my information will be processed by Northumberland County Council in accordance with the UK GDPR and UK Data Protection Act and that I can withdraw my consent or exercise any of my individual rights at any time.

1. I understand and agree that the information I have provided can be shared with the Authority and Department for Education, who will access information from other government departments to confirm my child's eligibility and enable this provider to claim Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child.

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