Department for Education

CORNWALL COUNCIL

EY2c Parent Declaration Form

1. Child's Details

Legal forename	Legal middle name/s	Legal surname
Preferred surname (if different)	Date of birth	Male ○ Female ○

Ethnicity

☐ White British	☐ Traveller of Irish Heritage	☐ Indian
☐ White English	☐ Gypsy/Roma	☐ Pakistani
☐ White Cornish	☐ White and Black Caribbean	☐ Bangladeshi
☐ White Irish	☐ White and Black African	☐ Any other Asian Background
☐ Any other white background	☐ White and Asian	☐ Any other ethnic group, please specify:
☐ Black Caribbean	☐ Any other mixed background	
☐ Black African	☐ Information Not Yet Obtained	
☐ Any other black background	☐ Refused	

Address and Postcode:

Your childcare provider will need to see proof of your child's date of birth.

Please tick which document you will provide with this form:

☐ **Passport**	☐ **Birth Certificate**	☐ **Adoption Certificate**

To be completed by Childcare provider:	
Document seen by (name of staff member):	
Date seen:	

2. Eligibility Codes

11-digit Eligibility Code	
6-character Eligibility Code (For some 2-year-olds)	

3. Parent/Carer Information and Consent required for EYPP and Eligilbity Code checks

Parent/Carer Legal forename:	Parent/Carer Legal surname:	Date of Birth:
National Insurance number or NASS number:		

☐ I give permission for the Childcare Provider named in Section 4 to submit my details to Cornwall Council to complete checks to confirm my funding eligibility.

4. Setting Name and Funded Hours

Childcare Provider/Setting Name:

Funding Start Date	Total **funded** hours per day					Total **funded** hours per week
	Mon	Tue	Wed	Thurs	Fri	
☐ **Term Time**	☐ **Stretched**		☐ ***Banked -** Hours banked per week: Date banked hours will be used by:			

Changes to Funded Hours: If funded hours change at any time, enter new weekly funded hours below with the new start date and parent's signature.

Date Hours Changed	Total **funded** hours per day					Total **funded** hours per week
	Mon	Tue	Wed	Thurs	Fri	
☐ **Term Time**	☐ **Stretched**		☐ ***Banked -** Hours banked per week: Date banked hours will be used by:			
Parent's name/initials to confirm change of funded hours above:						

Date Hours Changed	Total **funded** hours per day					Total **funded** hours per week
	Mon	Tue	Wed	Thurs	Fri	
☐ **Term Time**	☐ **Stretched**		☐ ***Banked -** Hours banked per week: Date banked hours will be used by:			
Parent's name/initials to confirm change of funded hours above:						

Date Hours Changed	Total **funded** hours per day					Total **funded** hours per week
	Mon	Tue	Wed	Thurs	Fri	
☐ **Term Time**	☐ **Stretched**		☐ ***Banked -** Hours banked per week: Date banked hours will be used by:			
Parent's name/initials to confirm change of funded hours above:						

* **Banked hours** - Careful consideration must be given to ensure these hours are used within a reasonable time and will be reclaimed if not used.

Attendance at another setting: My child also receives funding at the following other setting/s:

Childcare Provider/Setting Name	**Total funded hours per week**

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

5. Early Years Pupil Premium (EYPP)

Additional funding for your provider may be available through EYPP to provide extra support/ additional resources to impact positively on your child's progress and development: EYPP Criteria

☐ **I wish to apply for EYPP for my child under economic (financial) criteria.**

☐ **I wish to apply for EYPP for my child and enclose a copy of the supporting document if applying under non-economic criteria (adoption/Child in care/SGO etc)**

6. Disability Access Fund (DAF)

Children who are in receipt of Child Disability Living Allowance and are receiving the Early Years Funding are eligible for the Disability Access Fund (DAF). DAF is paid as an annual, fixed lump sum amount to **one** early year's provider.

Is your child in receipt of Disability Living Allowance? Yes ☐ No ☐

If yes, please provide a copy of your child's DLA award confirmation letter to your chosen childcare provider.
If your child is splitting their Early Years Funding across two or more providers, please nominate the provider you wish to receive DAF:

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

7: Signatures - Acceptance of this Parental Declaration form will be made either by wet signature or by electronic signature (carried out in accordance with the 1999 EU Directive 99/93 (Community framework for electronic signatures) and the UK Electronic Communications Act 2000).

Parent/Carer/Legal Guardian:

I confirm that the information I have provided above is accurate and true. I authorise this childcare provider to claim free entitlement funding as agreed above on behalf of my child and I agree that my child will attend regularly, and funding may be withdrawn if this is not the case.

Electronic Signature:	
Or Signed by Pen/Typed:	
Date:	

Childcare Provider:

I confirm I will claim the hours as agreed above and in accordance with the Funding Agreement. This form was signed by the parent/carer/guardian after the form was fully completed and nothing has been added or changed since.

Electronic Signature:	
Or Signed by Pen/Typed:	
Date:	

Guidance for parents on completing the EY2c Form

Section 1: Child's Details
All sections must be completed. Please enter the full legal name of your child, i.e. full forename, not shortening or nick name (e.g. Benjamin, not Ben) and the child's legal surname.
Please show your child's birth certificate, adoption certificate or passport to your childcare provider as proof they are the correct age to receive the funding.
The provider will note this on the form to ensure accurate data is recorded.

Section 2: Eligibility Codes
Please provide your eligibility code **before your child begins attending** to allow the provider to confirm what funding you are entitled to. This will be an 11-digit code, or a 6-character code for some 2-year-olds.

Section 3: Parent/Carer Information and Consent
Please provide details of the parent who has applied for the funding eligibility code or wishes to apply for EYPP.
Please tick the consent box to allow the provider to give your information to Cornwall Council to carry out checks on your eligibility.

Section 4: Setting Name and Funded Hours - including changes to funded hours
This section must clearly show:

- Name of the childcare provider who will claim the funded hours on this form.
- The start date of the funded hours shown and the date of any change to the funded hours.
- Only funded hours are entered in both daily and total weekly funded hours boxes.
- The term-time stretched or banked boxes are ticked and completed as appropriate.

If you have agreed with your provider to bank hours, enter the number of hours to be banked each week along with the date by which you will have used the banked hours.

Attendance at another setting:
Please discuss any attendance at another setting with the provider and complete this box accordingly. If your claims at both settings total more than the child's entitlement, we will be unable to make any payment for your child until the claims are corrected and the overclaim resolved.

Section 5: Early Years Pupil Premium (EYPP)
If you believe you may be eligible for your child to receive EYPP, please tick the applicable box so that eligibility checks can be made by Nursery Funding.

Section 6: Disability Access Fund (DAF)
If your child is in receipt of DLA, please tick to confirm this. You will need to provide a copy of a current DLA entitlement letter to the childcare provider as proof of eligibility.
Please also nominate which childcare provider you wish to receive the DAF.

Privacy Statement
Please ensure you read this section of the form.

Section 7: Signatures
Both parties must either sign by pen, or add an electronic or typed signature and date, after the form has been fully completed.