

Completing the Parent Declaration

This guide provides instructions for completing the Parent Declaration for Early Education Funding.

The Declaration must be signed by the parent/carer before the provider runs a check on the Early Years Portal. **All fields are mandatory**. Once completed, the declaration should be retained by the provider.

| | Provider details |
|---------------------|------------------|
| Name of provider: | |
| Address of provider | |
| (incl postcode): | |

Enter the details of the setting.

| | Childs details | s | | | | |
|--|--|--|--|--|--|--|
| Childs legal name*: | | DOB*: | | | | |
| *I have seen evidence of the c Certificate, Passport or other e | hilds legal name and DOB (i.e Birth vidence) | | | | | |
| Address (incl postcode): | | Gender: | | | | |
| | | | | | | |
| | ion (This is mandatory to generat | e information for the Early Years Census | | | | |
| WBRI-White British | WEUR-White European | WOTH-Any other white backgr'nd | | | | |
| WEEU-White Eastern | | | | | | |
| European | BCRB-Black Caribbean | MWBC-White & Black Caribbean | | | | |
| CHNE-Chinese | WROM-Gypsy / Roma | BOTH-Any other Black backgr'nd | | | | |
| BAFR-Black African | MWBA-White & Black African | BAOF-Other Black African | | | | |
| MWAS-White & Asian | AOTA-Other Asian | AOTH-Any other Asian backgr'nd | | | | |
| AIND-Indian | MWAI-White & Indian | OOTH-Any other ethnic group | | | | |
| APKN-Pakistani | MWAP-White & Pakistani | MOTH-Any other mixed backgr'nd | | | | |
| BOTB-Other black | REFU-Refused | | | | | |
| Eligibility code for 15 f | unded hrs for 2 year olds | | | | | |
| (Think2) (if applicable) | | | | | | |
| 11 digit reference code | e for working parents | X | | | | |
| (if applicable - from Childcare (| | | | | | |
| For 3 & 4 yr olds spl | itting their funding at more | | | | | |
| than one provider: if | I fall out of eligibility for the | | | | | |
| | vish to keep the universal | * | | | | |
| (first) 15 hours of fund | | | | | | |

Enter the child's details. Ensure the child's legal name and date of birth match both the evidence provided and what is entered on the Early Years Portal. Under Ethnicity, tick only one option. Listed codes can be used to enter details in the Portal. Please do not select "not obtained".

Where a 3- or 4-year-old is splitting their funding at more than one provider, determine the provider to which the universal funding (first 15 hours) is to be paid if the child falls out of eligibility for extended hours.

Enter the relevant code. Ensure the code is eligible by running a check/placement on the Early Years Portal as soon as the parent/carer has given consent to do so.

Think2 codes begin with TYF860.

Working parent codes begin with a 5, 4 or 1.



| Parent/Carer details | | | | | | |
|---|----------------------------|--|--|--|--|--|
| Parent/Carer 1 Parent/Carer 2 (if applicable) | | | | | | |
| Full name | Full name | | | | | |
| NINo (or NASS) | NINo (or NASS) | | | | | |
| DOB | DOB | | | | | |
| Address | Address | | | | | |
| (if different to child) | (if different to parent 1) | | | | | |
| | | | | | | |
| Tel no: | Tel no: | | | | | |
| | | | | | | |

Enter the parent/carer's details. All boxes should be completed.

Entitlement Guidelines

- EEF hours can be claimed between 6am and 8pm up to a maximum of 10 hours.
- Parents can access the funded entitlement at a maximum of 2 sites in any one day.
- If applicable, parents must reconfirm their eligibility with HMRC every 3 months to access the working parent entitlement.
- The Local Authority reserves the right to suspend funding if the provision does not meet the required quality as rated by Ofsted.
- Depending on how many funded hours have been claimed in the previous two terms, the annual entitlement could be reached before the end of the third term in the year; check with your childcare provider.

Ensure the parent/carer has read and understood this section.

Additional Supplements

Some children are entitled to extra funding based on Government criterion. This funding is paid directly to the child's provider but can only be accessed if information required to check eligibility is shared.

| Disability Access Fund (DAF) | |
|--|-----|
| Children in receipt of Disability Living Allowance (DLA) and in receipt of EEF are eligible for DAF. Is this child in receipt of DLA? | Y/N |
| If 'Yes' the provider will need to apply for DAF online via the Early Years Portal and a copy of the child's most recent DLA award letter will need to accompany the | |
| application. If the child attends 2 or more providers the parent will nominate the provider that will receive the funding, as it can only be paid to one provider. | |
| Early Years Pupil Premium (EYPP) | |
| Some children are entitled to a premium which the provider can use to support their learning and development (please discuss criterion with provider.) | |
| Parent/carer details are required to conduct an eligibility check. | |
| Does the parent/carer consent to share information? | Y/N |
| If yes, ensure the parent/carer details are entered in full in the box above. (Please | - |
| note-if details are already on record this check may already have been undertaken). | |
| EYPP is only payable on the first 15 hours. | |

Indicate Yes or No in answer to the questions regarding DAF and EYPP.

Signatures

This form must be signed by the parent/carer to give consent to share personal information in line with GDPR compliance and for the purpose of claiming EEF and other additional supplements.

This parent declaration is for the purpose of claiming early education funding and does not replace the contract you may have with your early years provider. By completing this form it is confirmed:

I have read the Privacy Notice below and understand that any information shared with Staffordshire County Council will be stored in accordance with Data Protection Legislation.

I certify that the information given on this form is accurate to the best of my knowledge.

I understand that if I give false information or fail to declare my full circumstances, Staffordshire County Council may withdraw the funding for my child and take criminal proceedings against me.

I understand that if my child does not consistently attend for the agreed amount of funded hours, the funding could be reduced or removed in full, meaning that I could incur childcare costs with my provider.

Sections for hours and weeks must be completed once parent and childcare provider have agreed the funded hours that will be claimed.

Ensure the parent/carer has read and understood this section.



| AUTUMN TERM FUNDING PERIOD (1st September-31st December) 14 weeks or Stretch 16 weeks | | | | | | | |
|---|----------|------------------|-------------|-----------|-------|--|--|
| Parent/carer name | | - | Signature | | | | |
| Date | • | | | | | | |
| Provider staff name | | | Signature | | | | |
| No. of funded hours | per week | | Total | number of | weeks | | |
| to be claimed this ter | | claimed per term | | | | | |
| Is the child claiming | | If Y give name | | | | | |
| at another provider? | | of pro | of provider | | | | |

The parent/carer should enter their full name.

They must sign the Declaration prior to the forecast task for the term where possible and by the beginning of the relevant term.

| SPRING TERM FUNDING PERIOD (1 st January-31 st March) 11 weeks or Stretch 12 weeks | | | | | | | | |
|---|--------------|------|---------|-------------|--------|--|---|--|
| Parent/carer name | | | Sign | nature | | | | |
| Date | | | | | | | | |
| Provider staff name | Signature | | | | | | | |
| No. of funded hours | Total number | | | umber of v | veeks | | | |
| to be claimed this ter | clair | | claimed | d per term | | | | |
| Is the child claiming EEF hours | | If Y | | If Y giv | e name | | • | |
| at another provider? Y/N | | | | of provider | | | | |

The provider manager/staff member should enter their full name. They must sign the Declaration when the childcare is booked.

| SUMMER TERM FUNDING PERIOD (1st April-31st August) 13 weeks or Stretch 20 weeks | | | | | | | | |
|--|----------|--|------|----------|------------|-------|-------------|--|
| Parent/carer name | | | Sign | nature | | | | |
| Date | | | | | | | | |
| Provider staff name | | | Sign | nature | | | | |
| No. of funded hours | per week | | | Total n | umber of v | veeks | | |
| to be claimed this term | | | | claimed | d per term | | > | |
| Is the child claiming EEF hours | | | | If Y giv | e name | | | |
| at another provider? | Y/N | | | of prov | ider | | | |

Please do not let parents/carers sign for subsequent terms in advance. The Declaration is to be reviewed and signed each term.

Enter the number of funded hours per week to be claimed for the term.

Enter the number of weeks to be claimed for the term.

Indicate Yes or No as to whether the child is claiming funding at another provider.

If funding is being claimed at another provider, enter the name of the provider.

Ensure the parent has read and understood the final page of the Declaration, the Privacy Notice.

If you have any questions about the Parent Declaration for Early Education Funding please contact the Early Education Funding team. Tel: **01785 854009** Email: eefportal@staffordshire.gov.uk

