EY2c Parent Declaration Form



1. Child's Details

Legal forename	Legal middle name/s Leg		Legal surnan	al surname		
Preferred surname (if different)		Date of bi	rth	Gender Male □	Female 🛛	
Ethnicity White British White English White Cornish White Irish Any other white background Black Caribbean Black African Any other black background	 Traveller of Irish Heritage Gypsy/Roma White and Black Caribbean White and Black African White and Asian Any other mixed background Information Not Yet Obtained Refused 		 Pakist Bangl Any c Any o specifi 	 Indian Pakistani Bangladeshi Any other Asian Background Any other ethnic group, please specify: 		
Address			Postcode			

2. Two Year Old Funding (only for 2 year olds)

Eligibility Code	Code Issue Date			
Note: Please provide evidence of your code to your provider – a screenshot from the parent portal or a copy of the email sent to you from the Nursery Funding Team				

3. Codes and Consent: EYPP, 30 Hours and Parent/Carer Information (only for 3 and 4 year olds)

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Parent/Carer Legal forename	Parent/Carer Legal surname
Date of birth	National Insurance No: Or NASS No:

Early Years Pupil Premium (EYPP) ONLY

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:

I wish to apply for EYPP for my child under economic (financial) criteria $\ \square$

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

30 Hours (extended entitlement) ONLY Eligibility Code:	Code Issue Date:			
Note: Extended hours funding starts the term AFTER the child turns 3 years old				

4. Setting and attendance details

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

	Тс	otal fun	ded hou	rs per d	ау	Universal	Extended	
Setting Name	Mon	Tue	Wed	Thur	Fri	hrs per week	hrs per week	Term time \Box Banked * \Box
								Stretched
								If stretched, how many weeks per year:

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

Hours banked per week: Date by which banked hours will be used:	Hours banked per week:		Date by which banked hours will be used:	
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My child also attends the following other	Universal hrs	Extended hrs	
Setting name			
	Total funded		
	hours per week:		

Please ensure that the total funded hours do not exceed 15 hours (or 30 if eligible) and it is clear whether you are claiming universal or extended hours

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 <u>www.cornwall.gov.uk/csfprivacynotice</u>. 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 <u>nurseryfunding@cornwall.gov.uk</u>.

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Parent/Carer/Guardian with legal	Childcare Provider
I confirm that the information I have provided above is accurate and true. I authorise this 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.	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.
Signature	Signature
Print name	Print name
Date	Date
For completion by setting, THIS SECTION MUS	T BE COMPLETED TO RECEIVE FUNDING

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Type of documentary proof of Child's DoB (eg Birth Certificate, Passport)		Previously provided on:
Date document recorded		
Document recorded by (name of staff member)		date

Guidance for parents on completing the EY2c Form

Box 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

Box 2: Two-Year-Old Funding

Please provide evidence of an eligible code **and** start date to your provider, as without these funding may not be available

Box 3: Codes and Consent

You must provide your details if either EYPP or 30 hours funding is applicable.

For EYPP, please tick the applicable box so that eligibility checks can be made by Nursery Funding. For 30 Hours, please provide the code **and** the start date. Parents/carers are asked by HMRC to renew their funding code every 3 months. If this lapses, gaps in your funding may occur.

Box 4: Setting and Attendance details

This is for the number of funded hours to be claimed. Please ensure with your provider that:

- The number of hours per day add up to the total per week
- The term-time, banked or stretched boxes are ticked as appropriate

If you have agreed with your provider to bank hours, the total number of hours you wish to claim should include the banked hours. You should also agree a date by which you will have used any banked hours

Attendance at another setting:

Please discuss any attendance at another setting with the provider and complete this box accordingly. This will show immediately if there is a clash between 2 settings as to the number of hours able to be funded. Querying any issues at this stage with your provider will avoid difficulties later in the funded term

Privacy Statement

Please ensure you read this section of the form.

Signatures

Both parties should sign, only after the form has been fully completed

Date of Birth Evidence

Please provide your child's birth certificate or passport, or other documentary evidence of their date of birth. The provider will note this on the form to ensure accurate data is recorded.