

Funding Declaration Form 2022-2023
Early Years Entitlements: 2, 3 & 4 year old funding

Provider Name:

CHILD DETAILS: *please fill out your child's details*

Forename:

Surname:

Middle Names:

Preferred Surname:

DOB: __/__/____

Provider: DOB Evidence seen: Birth Certificate Passport

Address:

Postcode:

2 Year Old Code: _____

Gender: M / F / Not Known / Not Specified

SEN Provision: Y / N

If yes, please circle: SEN Support / Education, Health and Care Plan

Please tick ethnicity of child:	White - Irish	Chinese
Indian	White and Black African	Any other mixed background
Any other Asian background	White and Black Caribbean	White and Asian
Pakistani	Gypsy/Roma	Bangladeshi
Black – African	White – British	Refused
Black Caribbean	Traveller of Irish heritage	Information not yet obtained
Any other black background	Any other white background	Any other ethnic group

PARENT / CARER DETAILS: By completing this section you are giving permission for the local authority to check eligibility for any additional funding your child may be eligible for.

Parent/carer 1 name:

Parent/carer 2 name:

Parent/carer 1 National Insurance No (or NASS if applicable): _____

Parent/carer 2 National Insurance No: (or NASS if applicable): _____

Parent/carer 1 DOB: __/__/____

Parent/carer 2 DOB: __/__/____

To apply for a 30 hour code visit:

<https://www.childcarechoices.gov.uk/>

30 hour eligibility code: _____

IMPORTANT INFORMATION FOR PARENTS – 30 HOURS CODES

Your 30 hour code has a start date **and** an end date. Funding is available from the term **after the start date** of your code. **Please ensure you renew your code before it expires.**

If your code expires or your eligibility ceases midterm, your child can continue to claim 30 hours until the end of the current term. This is called the grace period. If you do not renew eligibility, before the end of the grace period funding **will** cease.

Please check your eligibility **at least** every 3 months by logging on to: www.gov.uk/sign-in-childcare-account. You will be contacted via your HMRC Childcare account to renew your code.

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FUNDING DETAILS – please fill out the hours you have agreed your child will receive at each setting they attend.

Funding start date: __ / __ / __

Provider note: Funding can be claimed after the child starts attending.

Names of all childcare providers currently used:	Please enter total funded entitlement hours claimed per week at each setting		Total number of hours claimed per week	Stretched offer? (12 / 24 hours a week) Tick against ALL settings this applies to.
	Universal Hours	Extended Hours (if eligible)		
Provider 1: <i>e.g. Lily pad childcare</i>	15		15 max	
Provider 2: <i>e.g. Brown Owl Nursery</i>		15	15 max	

Has this child attended another setting before starting at the above? YES / NO
 If yes, what date was notice given? __ / __ / __ What date does their notice period end? __ / __ / __

Provider note: You must contact the previous/other provider to ensure that no over claim of hours occurs.

Universal hours allowance – 570 hours a year (maximum)
Extended hours allowance – 570 hours a year (maximum)
Standard offer – 570 hours provided over 38 weeks in the year which is 15 hours a week.
Stretched offer – 570 hours provided over 47.5 weeks in the year (inc school holidays) which is 12 hours a week.

Total un-funded hours per week (these are the hours the parent is required to pay for): _ _ _ _

Provider note: If the number of hours per week changes, providers must amend this form, ask the parent to re-sign and date the form and state the date when the change happened.

Is your child in receipt of disability living allowance: Y / N?

DISABILITY ACCESS FUNDING (DAF) 3 and 4 year olds only – if your child is in receipt of disability living allowance your provider can claim £800 per year to support them in making reasonable adjustments to your child's provision.

Do you nominate this provider to receive DAF? Y / N – If you attend more than one setting you can only nominate one provider to receive DAF. Please provide your nominated provider with a copy of the DLA certificate.

PARENT & PROVIDER DECLARATION:

I declare that all information on this declaration form is true to the best of my knowledge. I understand that any false or incorrect information could lead to funding being withdrawn or reclaimed. Please be aware that to certify false information could be viewed as making a fraudulent claim.

Parent Name: _____

Parent Signature: _____

Date: _____

Provider Name: _____

Provider Signature: _____

Date: _____

Please note, we are committed to collecting and processing your personal data in a fair and transparent manner. For more information about how we use your personal details please see our Privacy Notice here:

<https://www.lincolnshire.gov.uk/directory-record/62060/children-s-and-families-services->