

Parent Declaration for Early Education Funding (EEF)

It is essential that you complete the shaded sections to claim Early Education Funding (EEF) for your child. The non-shaded sections are optional.

Child's details									
2 year old		3 year old			4 year	old			
Childs name					DOB*	/	/	Gender	M/F
Address							Posto	code	
*I have provided proof	of my ch	ild's DOB (i.e. Birth Certific	cate or othe	er docum	nentary evid	ence)			
(This section	on is a ma	Ethnicity co andatory requirement used					Early Ye	ears Census)	
White British		Mixed White & Asian			an British,		-	Black British	
White Irish		Mixed, White & Black Caribbean			n backgrou an British,	una —	Africar Black,	ı Black British	
Traveller of Irish Heritage		Mixed, White & Black African	Ba As	anglades sian/Asia	,			Black backgr her ethnic round	ound —
White, any other White background		Mixed, any other Mixed background		akistani ack, Bla	ck British,		•	t wish to be	
Gypsy Roma		· ·	Ca	aribbear	1		Not ob		
Chinese		Asian/Asian British,							
Of III lese		Indian							
Provider choice I wish to claim my		Indian er parental details ducation Funding (EE	EF) at:						
Provider choice		er parental details	EF) at:				Posto	code	
Provider choice I wish to claim my Name of Provider	Early E	er parental details	,		YES /	NO	Posto	code	
Provider choice I wish to claim my Name of Provider	Early E	er parental details ducation Funding (EE	,	Ho	YES / w many ho		Posto	code Term time/s	Stretch?
Provider choice I wish to claim my Name of Provider Are you claiming a If Yes' Name of I If you qualify f 11 digit reference	Early E any hour Provider for *30 he code :	er parental details ducation Funding (EE	rider?		w many ho	ours?		Term time/s	Stretch?
Provider choice I wish to claim my Name of Provider Are you claiming a If Yes' Name of I	Early E any hour Provider for *30 he code :	er parental details ducation Funding (EE	rider?		w many ho	ours?	ride you	Term time/s	Stretch?
Provider choice I wish to claim my Name of Provider Are you claiming a If Yes' Name of I If you qualify f 11 digit reference Parent 1 National	early E any hour Provider or *30 he code : Insuran	er parental details ducation Funding (EE ars with any other provinces of funded childen	rider?		w many ho	ours?	ride you	Term time/s	Stretch?
Provider choice I wish to claim my Name of Provider Are you claiming a If Yes' Name of I If you qualify f 11 digit reference Parent 1 National No. Parent 2 (if applicab Insurance No.	e code : Insuran gible for	er parental details ducation Funding (EE ars with any other provenours of funded childed company of the 15 extra hours of the 15 ext	rider? are (15 e	xtra ho	ours), plea	Parents	ride you s DOB	Term time/s	Stretch?

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Funding type – please select one section ONLY (to be completed with provider)

1. Term Time	tick	2. Stretch Offer		tick
No. Funded hours per week (Max 15	5)	No. Funded hours	s per week	
*No. Additional Funded Hours (Max	15)	*No. Additional Fu	unded Hours	
Funding Start Date /		Funding Start Dat	te//	
Entitlement Guidelines				
 □ EEF hours can be claimed bet □ Parents can access their free e □ You must reconfirm your eligil months □ Where applicable the local aut not meet a Good or Outstandir 	entitlement at a ma bility to access the hority reserves the	e Extended Hours e right to suspen	entitlement with HM	-
Additional supplement	ts			
Some children are entitled to extra child's provider but can only be acceligibility.	•		•	•
Disability Access Fund (DAF) Allowance (DLA) and are receiving	•		·	•
Is your child in receipt of DLA? * (YES / NO			
*Please note, if you circled 'Yes', yo choice.	ou will need to com	plete an applicatio	n form with your provic	ler of
Early Years Pupil Premium (Expremium which the setting can use with provider). Your details are required already has your details on	to support their lea uired for the council	rning and develop I to conduct an elig	ment (please discuss o gibility check. (Please r	criterion
Parent 1 Surname (CAPITALS)			Parents DOB /	/
*National Insurance No.			**NASS No	
*Not required if completed on page 1			**If claiming asylum	
Parent 2 Surname (if applicable)			Parents DOB /	./
National Insurance No.			**NASS No	

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Privacy Notice

Information that you supply to your childcare provider will be shared with other organisations including Staffordshire County Council. The local authority will use the information you provide in order to:

- Deliver our services and understand your needs
- Maintain and update your customer records or contact details
- Contact you where necessary in relation to the provision of this service
- Obtain your opinion and feedback about the services we provide
- Ensure that we fulfil our legal obligations

Your information may also be shared with other Local Authorities, Childcare Providers and the Department for Education for audit funding requirements or where there is a legal basis to do so.

Information on how Staffordshire County Council process your information can be found here:

https://www.staffordshire.gov.uk/yourcouncil/dataprotectionandfreedomofinformation/managinginformation/how-We-Handle-Personal-Information/howwehandlepersonalinformation.aspx

Your rights

Under the Data Protection Act you have a right to make a request for a copy of some or all of your personal information we hold about you. Please note we may make a charge for this service.

We want to make sure that your personal information is accurate and up to date. You may ask us to correct or remove information you think is inaccurate. Please help us to make sure that we have identified you correctly by letting us know when you change address or name, and tell us if any of your information we hold is wrong.

Your data will be held and processed in line with the Data Protection Act 1998 and General Data Protection Regulation from May 2018. If you feel that your data is being handled incorrectly, you should speak to your childcare provider. If you are not satisfied with the response you receive you can contact the Information Commissioner's Office.

How to contact the Information Commissioner's Office

Further information about <u>Data Controller Registration (Notification)</u> the <u>Data Protection Principles</u> and <u>raising concerns</u> about how information is handled is available from the Information Commissioner's Office (ICO).

Contact details for the ICO are as follows:

The Information Commissioner Information Commissioner's Office Wycliffe House

Water Lane Wilmslow Cheshire

SK9 5AF

Telephone: 01625 545745 Fax: 01625 524510

Email: mail@dataprotection.gov.uk

Internet: www.ico.org.uk

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Signatures

I have read the Privacy Notice and understand that any information shared with the council will be stored in accordance with the Data Protection Act 1998.

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 given on this form is accurate to the best of my knowledge. Funderstand 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.

Parent name (PRINT NAME)	Provider Manager (PRINT NAME)
Parent signature	Signature
Date/	Date /

Unless your details have changed, you can sign the same declaration for your child's entitlement at the beginning of each individual term (signatures must not be obtained in advance of the term).

M (i.e. Spring, Summer, Autumn person with parental responsibility	*Parent name (PRINT NAME) *Parent signature
	Date
M (i.e. Spring, Summer, Autumn person with parental responsibility	*Parent name (PRINT NAME) *Parent signature Date
	Date
M (i.e. Spring, Summer, Autumn person with parental responsibility	*Parent name (PRINT NAME) *Parent signature
	Date