Parent Authorisation Form

**Early Education Entitlements Academic Year 2024/25**

**MESSAGE FOR PARENTS:**

**Only complete the fields marked “REQUIRED” or “OPTIONAL”**

This form collects information from parents/carers to assess and process Early Education Entitlement (EEE) hours, eligibility for Early Years Pupil Premium (EYPP) and eligibility for Disability Access Fund (DAF).

It is mandatory to complete a parent authorisation form for each setting your child attends for their EEE and thereafter complete a new form where there are changes to any details previously submitted. **This form must be completed, signed and returned to your childcare provider to confirm your entitlement access.**

**If you wish to transfer your entitlement to a different childcare provider you must give four weeks’ written notice to your existing provider. Your child will not be able to access their early education entitlement at a new provider until the week following the end of the four week notice period.**

**A false declaration may result in your early education entitlement being withdrawn.**

Aston Pierpoint / Aston House / Aston Club

**Childcare Provider name**:

# Child details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s forename(s):** | **REQUIRED:** | | | |
| **Child’s surname:** | **REQUIRED:** | | | |
| **Child’s date of birth:** | **REQUIRED:** | **Sex:** | **REQUIRED:** Female / Male | |
| **Address: REQUIRED:** | | | | **Postcode:**  **REQUIRED:** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REQUIRED - CHOOSE ONE: Child’s Ethnicity - Mandatory (tick which one applies)** | | | | | | | | | | | |
| **Any other Asian background** |  | **Any other Mixed Background** |  | **Black African** |  | **Gypsy/Roma** |  | **Traveller of Irish**  **Heritage** |  | **White & Asian** |  |
| **Any other Black background** |  | **Any other White Background** |  | **Black Caribbean** |  | **Indian** |  | **White British** |  | **White & Black**  **African** |  |
| **Any other Ethnic background** |  | **Bangladeshi** |  | **Chinese** |  | **Pakistani** |  | **White Irish** |  | **White & Black Caribbean** |  |
| **I would prefer not to state my child’s ethnicity (refused)** | | | | | | | | |  | | |

1. **Early Years Pupil Premium (EYPP) -** is eligibility based and is paid to providers for provision of extra support for your child. EYPP is used to improve teaching and learning facilities and resources to impact positively on your child’s progress and development. Indicate below possible eligibility criteria you may meet.

|  |  |
| --- | --- |
| In receipt of benefits, child tax credits, universal credits  **(please ensure parent details in section 3 are fully completed)** | **OPTIONAL:** |
| The child has left care under the subject of an adoption, special guardianship, child arrangement order  **(Please supply documentary evidence to your childcare provider. Provider to contact early years team to claim)** | **OPTIONAL:** |
| The child has been in local authority care for one day or more  **(Please supply documentary evidence to your childcare provider. Provider to contact early years team to claim)** | **OPTIONAL:** |

# Entitlement and parent details

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Funding** | **Eligibility** | | | | | | | | | | |
| 1. Working family eligibility code.   **REQUIRED FOR CHILDREN 9 MONTHS TO 4 YEARS:** | Enter the 11-digit code from HMRC here (required to access and for us to claim any working family entitlement funding hours) | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| 1. FRAs reference for 2 year old entitlements   **REQUIRED FOR 2-YEAR-OLD FAMILIES RECEIVING ADDITIONAL SUPPORT ONLY:** | Required to access entitlements for families of 2-year-olds in Receipt of Additional Government Support. Please supply reference issued by Achieving for Children. | | | | | | | | | | |
| **EEY/** | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Details of parent/carer at child’s main residence - required to access working entitlement hours and EYPP** | | | | | |
| Forename: **REQUIRED:** | | Surname: **REQUIRED:** | | | |
| Date of birth **REQUIRED:**(dd/mm/yy) | | National Insurance or NASS Number: | | **REQUIRED:** | |
| **I consent for this data to be used**  **to confirm eligibility for funding:** | **EYPP Check**  **(see sec. 2)** | **REQUIRED IF**  **SECTION 2**  **COMPLETED:** Y / N | **Can complete a Working**  **Family Eligibility Check** | | **REQUIRED:**  Y / N |

1. **Setting and attendance details** - Specify the actual hours per week /weeks per year you will be accessing early education entitlement at this setting. Each entitlement has a maximum 15 hrs p/week if accessed over 38 wks per year.

|  |  |
| --- | --- |
| **Start date of entitlement hours at this provider** | 1st September  2024 |
| **Number of Weeks entitlement available for academic year 2024/25** (This should be term time equivalent if stretching – maximum 38 weeks) | 38 |
| **Total hours per week attendance at setting** (including entitlement and purchased hours)  **ADD UP TOTAL HOURS OF BOOKINGS WITH US: FULL DAYS = 11 HRS ¦ AM/PM: 5.5 HOURS ¦ OTHERS: EMAIL US** | **REQUIRED:**  HOURS |
| **Total entitlement hours per week at setting** (Term time equivalent number of funded hours to claim)  **THIS IS HOW MANY HOURS OF FUNDING YOU RECEIVE AND WISH TO USE WITH US, TYPICALLY: 15 OR 30 HRS**  ***\*\*\*IF YOUR CHILD ATTENDS ANOTHER CHILDCARE PROVIDER OR CHILDMINDER, DEDUCT THOSE HOURS FROM TOTAL YOU WISH TO USE WITH US – THIS MUST BE DISCLOSED AS THE LOCAL AUTHORITY WILL BE AWARE\*\*\**** | **REQUIRED -**  **15 OR 30 HRS:**  HOURS |

**Specify the total early education entitlement hours accessed at any other setting**, including if within notice period to the provider named. Failure to do so may result in your entitlement being withdrawn.

|  |  |  |
| --- | --- | --- |
| **Name of other provider** | **Hours per week working entitlement** | **Hours per week universal entitlement** |
| **REQUIRED IF YOUR CHILD ATTENDS ANOTHER CHILDCARE SETTING**  **OR CHILDMINDER WHO ALSO CLAIMS NURSERY FUNDING:** | **REQUIRED IF APPLIES:** | **REQUIRED IF APPLIES:** |

1. **Disability Access Fund (DAF) -** If your child is currently in receipt of Disability Living Allowance the provider delivering your entitlement hours can claim an Disability Access Fund **(DAF).** DAF can be claimed once in a 12-month period and cannot be split between multiple providers within the 12-month period.

|  |  |
| --- | --- |
| I understand the above statement and nominate the above provider to claim the Disability Access Fund for my child.  **I have attached a copy of my child’s current DLA award to confirm eligibility** | |
| **Parent’s or carer’s signature:** | **OPTIONAL – ONLY COMPLETE IF YOUR CHILD RECEIVES DISABILITY FUNDING:** |

# Parent, carer or guardian with legal responsibility declaration

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm I am only accessing early education entitlements at providers, in this or other Local Authorities, declared in section 5 | | | |
| I understand that the named provider will deliver the agreed hours free of charge. I have been shown and understand my providers free early education entitlement offer, including any charges for additional hours or services | | | |
| I understand that this agreement ends on 31 August 2025 and that four calendar weeks' notice will be applied from the date I give written notice to end or amend the agreement before 31 August 2025. I will not be able to access the entitlement hours at any other provider until the week following the end date of the notice period | | | |
| It is my responsibility to meet any criteria or actions required to ensure the working entitlement code issued by HMRC remains valid Failure to renew the code within required timeframes will result in my working entitlement being withdrawn | | | |
| **I confirm the information I have given in this form is true and accurate and I have read and understand the statement written above in section 6 of this form** | | | |
| **Print name:** | **REQUIRED:** | | |
| **Signature:** | **REQUIRED:** | **Date:** | **REQUIRED:** |

1. **Provider declaration**

|  |  |
| --- | --- |
| **Breakdown of hours offered per week max 15 for each type** | |
| **Universal entitlement hours** – from the start of the funding term after the child turns 3. | 15 |
| **Working Family Entitlement hours.** Code must be supplied in section 3a above and confirmed as valid by the provider in line with the following dates before child commences hours.  (autumn 2024 - 31 August 2024; spring 2025 – 31 December 2024; summer 2025 – 31 March 2025)  Can be accessed from the term after the child turns 9 months. | 15 |
| **FRAS entitlement hours** from the funding term after the child turns 2 until the end of the term in which the child turns 3, parent must supply an eligibility reference from AfC in section 3b above. | 15 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider Declaration : read statements below and sign agreement** | | | |
| I have seen documentary proof of date of birth to confirm child meets age requirements for early entitlements claimed | | | |
| I agree to deliver the early entitlement as free hours, subject to the child being on roll and hours claimed accessible to the child | | | |
| I have given the parent/carer written details of my early entitlement offer, including clear details of any charges for additional hours and services. I have advised the parent/carer of my entitlement only place offer and how they can access | | | |
| I have checked the working family eligibility code supplied is valid for the place agreed and will advise parent/carers if not | | | |
| When agreeing a place and the parent/carer has declared they have accessed the entitlement hours in term with another provider I will obtain from the parent a copy of the Notification of Changes form to confirm remaining entitlement | | | |
| In the event of any changes to the details submitted on this form I will follow and action relevant AfC policy and guidance | | | |
| I understand if for any reason the agreed entitlement hours cannot be fulfilled a notice period does not apply | | | |
| I confirm portal input will be as declared on this form & any SEN stage input to the portal, and if other than No SEN this has been discussed with the parent/carer | | | |
| **Print name** | IBI ALAN | **Job role** | DIRECTOR |
| **Signature** |  | **Date** | 04.06.2024 |

**Data Privacy and Protection Information -** The personal information we collect will be processed and stored in compliance with UK data protection law. For further details about how we use your personal information, please read the privacy

notice: [www.achievingforchildren.org.uk/pages/privacy-and-data-protection](https://www.achievingforchildren.org.uk/pages/privacy-and-data-protection) [www.achievingforchildren.org.uk/pages/privacy-and-data-](https://www.achievingforchildren.org.uk/pages/privacy-and-data-protection/privacy-notices-list/early-years-service-privacy-notice-kingston-and-richmond) [protection/privacy-notices-list/early-years-service-privacy-notice-kingston-and-richmond](https://www.achievingforchildren.org.uk/pages/privacy-and-data-protection/privacy-notices-list/early-years-service-privacy-notice-kingston-and-richmond)