**This form is to be used for eligible 2 year old children to access their 15 hours Funded Entitlement.**

Children can take up to 15 hours per week for 38 weeks per year or ‘stretch’ the entitlement accessing fewer hours over more weeks e.g. 11 hours over 51 weeks

**Please read these notes before filling in this form.**

* Please note this form is mandatory and must be completed before your Early Years Provider can claim the Funded Entitlement for your child
* Please put your child's full name as shown on his/her birth certificate.

|  |  |
| --- | --- |
| **Childs details:**Child Legal Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child Legal First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child Legal Middle Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name by which the child is known (if different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male/Female: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Documentary proof of DOB Type (e.g. Birth Certificate, Passport): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date document recorded (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Document recorded by (name of staff member): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Buckinghamshire 2 year old eligibility code** |  |  |  |  |  |  |

|  |
| --- |
| **Please tick the appropriate Ethnic Code** |
| **Ethnic Codes** |
| **WBRI** | White British □ | **APKN** |  Asian or Asian British, Pakistani □ |
| **WIRI** | White Irish □ | **ABAN** |  Asian or Asian British, Bangladeshi □ |
| **WIRT** | Traveler of Irish Heritage □ | **AOTH** |  Asian or Asian British, any other Asian background □ |
| **WROM** | Gypsy/Roma □ | **BCRB** |  Black or Black British, Caribbean □ |
| **WOTH** | White, any other White background □ | **BACFR** |  Black or Black British, African □ |
| **MWBC** | Mixed, White and Black Caribbean □ | **BOTH** |  Black or Black British, any other Black background □ |
| **MWBA** | Mixed, White and Black African □ | **CHNE** |  Chinese □ |
| **MWAS** | Mixed, White and Asian □ | **OOTH** |  Any other ethnic background □ |
| **MOTH** | Mixed, any other mixed background □ | **REFU** |  Did not wish to be recorded □ |
| **AIND** | Asian or Asian British, Indian □ | **NOBT** |  Not obtained □ |

1

**Provider(s) and attendance details**

* You need to agree and complete a Parent/Provider Agreement form with each provider your child attends for their Funded Entitlement in order to ensure that funding is paid appropriately between them.
* Your child can attend a maximum of two sites in a single day.
* Your child can attend a session for a minimum of 30 minutes at one provider and a maximum of 10 hours in a single day, split over a maximum of two sites.
* The total claim must not exceed the 15 Funded Entitlement hours available per week.

**This agreement starts from (date):**

**My child is attending the following providers:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Setting Name(s)** | **Please enter total Funded Entitlement hours attended per day** | **Total number of hours per week** | **Number of weeks per year****(e.g. 38, 51)** |
| **Mon** | **Tue** | **Wed** | **Thurs** | **Fri** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Total Daily Funded Hours Attended** |  |  |  |  |  |  |  |

**Parent to sign**

**STATEMENT 1: If child attends one provider only**

For the Funded Entitlement the total claim must not exceed 15 hours per week and the total hours must be accessed over a minimum of 2 days. I confirm that my child does not access a funded place with another provider in Buckinghamshire or with a provider in another local authority and has not been registered to receive funding at any other provider; or accepted a place at a maintained school or nursery during this term.

I confirm this is an accurate and true statement and I have read, understood and **agree** to the **conditions of the Funded Entitlement** as set out at the end of this form.I understand that I can only move providers at half term if I wish to still access my funded hours for that half term. I also agree that the information I have provided can be shared with Buckinghamshire Council, Department for Education, and Department of Work and Pensions if required.

Print name

Signed Date

**STATEMENT 2: If child attends two or more providers**

For the Funded Entitlement the total claim must not exceed 15 hours per week and the total hours across two or more providers must be accessed over a minimum of 2 days. I confirm that the above child will access their Funded Entitlement through two or more providers in the approximate time spans shown in the above table. I confirm that my child is not registered to receive their Funded Entitlement at any other provider other than the providers named, during this term.

I confirm this is an accurate and true statement and I have read, understood and **agree** to the **conditions of the Funded Entitlement** as set out at the end of this form. I understand that I can only move providers at half term if I wish to still access my funded hours for that half term. I also agree that the information I have provided can be shared with Buckinghamshire Council, Department for Education, and Department of Work and Pensions if required.

Print name

Signed Date

**Funded Entitlement conditions**

* I understand that my chosen provider can ask for a deposit to secure my child’s funded place but they are required to refund the deposit to me in full within six weeks of the first day my child starting with them.
* I understand that only the funded entitlement hours are free at the point of delivery and that I cannot be charged for these in advance.
* I have received detailed information from the provider(s) named and been advised of any additional services available for my child and I understand I may have to pay fees for these services.
* I understand that I cannot amend this agreement or change the provider(s) detailed within a claim period (each claim period corresponds to every half term) of this agreement without the express permission of the provider(s) and Buckinghamshire Council. This will only be agreed in exceptional circumstances as detailed in Buckinghamshire’s "Local Management of the Funded Entitlement for 2, 3 and 4 year olds” – Updated January 2020.
* I agree to accept liability for the administration and legal costs for recovery for any overpayment made due to a false declaration on this form.

**Essential notes for parents/carers**

* If your child was born within the eligible birth date range he/she will be entitled to up to 15 hours of Funded Entitlement per week. The Funded Entitlement must be taken at a Buckinghamshire Council approved provider and taken up to 51 weeks per year (maximum 570 hours for the year)
* Your child is expected to attend for the hours claimed as stated on page 2 of this form and if your child does not attend regularly your provider may be asked to repay funding. Your provider will ask you to confirm and record the reason for non-attendance and extended non-attendance will be notified to Buckinghamshire Council.
* You may choose to enroll your child at two or more providers to access up to 15 hours of Funded Entitlement per week but at not more than two providers in one day. Provider’s will be clear in their admissions/fees policy which days and hours will be their offer where you will be able to access the Funded Entitlement without having to purchase additional childcare hours. Your child can only receive the maximum numbers of free hours designated for any one Early Education Entitlement funding period (term).
* Providers will make it clear in their admissions/fees policy the cost of additional childcare hours, meals, consumables (nappies, wipes, sunscreen etc.), or any additional services they may offer (e.g. yoga, French, keep fit etc).
* If you use more than one provider it must be clear the funded hours to be claimed at each one. Where there is a dispute about the allocation of funding Buckinghamshire Council will investigate and make the final decision.
* Buckinghamshire Council recommends only using one provider for the Funded Entitlement hours as this will offer a more consistent level of development and support to your child, however, it is accepted that some parents may need/prefer to use two providers.
* A child can attend for no less than ½ an hour in a day, no more than 10 hours in a day and a total of no more than 15 hours in a week up to the maximum number of hours allowed for the funding term. Pro-rata hours apply e.g. where the child’s start is delayed or deferred.
* I understand that not all providers are eligible to provide 2 year old funded places and must ensure that my chosen provider is eligible to do so before accepting a place
* Where available, Early Education Entitlement may be stretched over 45, 47 or 51 weeks per year, however it can only be accessed with more than one provider if the provider(s) offers either the same stretched or term time only offer. Whilst you may change providers at half term we regret that you cannot switch from a term time only to stretched offer or vice versa until the end of the funded period, which is normally the end of the current term but may be later in the case of a stretched offer

**Amendment Section:** *please select and complete as appropriate*

**Full legal name of child:**

**Childs Date of Birth:**

**Parent/Carer name:**

**Date change takes effect:**

**For change of Funded Entitlement hours please complete the table below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Setting Name(s)** | **Please enter total Funded Entitlement hours attended per day** | **Total number of hours per week** | **Number of weeks per year****(e.g 38, 45, 51)** |
| **Mon** | **Tue** | **Wed** | **Thurs** | **Fri** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Total Daily Funded Hours Attended** |  |  |  |  |  |  |  |

**Other changes (e.g. change of address):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I confirm that the changes stated above are accurate and true. I also agree that the information I have provided can be shared with Buckinghamshire Council, Department for Education and Department of Work and Pensions if required.**

Print name

Signed Date

|  |
| --- |
| If there have been no changes since this PPA-2YO form was initially signed please fill in the section below:**I confirm that there have been no changes since I originally completed the form. I agree that the information I provided can be shared with Buckinghamshire Council, Department for Education and Department for Work and Pensions if required.**Print name Signed Date  |