

This form is to be used for eligible 2 year old children of working parents to access their 15 hours Funded Entitlement from April 2024.

Children can take up to 15 hours per week for 38 weeks per year or 'stretch' the entitlement accessing fewer hours over more weeks for example, 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 2YOW Funded Entitlement hours for your child.
- Please put your child's full name as shown on his/her birth certificate.

<p>Childs details:</p> <p>Child Legal Family Name: _____</p> <p>Child Legal First Name: _____</p> <p>Child Legal Middle Name(s): _____</p> <p>Name by which the child is known (if different from above): _____</p> <p>Full Address: _____ _____ _____</p> <p>Post Code: _____</p>	<p>Date of Birth: _____</p> <p>Male/Female: _____</p> <p>Documentary proof of DOB Type (Birth Certificate or Passport): _____</p> <p>Date document recorded (dd/mm/yyyy): _____</p> <p>Document recorded by (name of staff member): _____</p>
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Please tick the appropriate Ethnic Code

Ethnic Codes

- | | | | | | |
|------|---------------|--------------------------|------|-------------------------------------|--------------------------|
| WBRI | White British | <input type="checkbox"/> | APKN | Asian or Asian British, Pakistani | <input type="checkbox"/> |
| WIRI | White Irish | <input type="checkbox"/> | ABAN | Asian or Asian British, Bangladeshi | <input type="checkbox"/> |



WIRT	Traveler of Irish Heritage	<input type="checkbox"/>	AOTH	Asian or Asian British, any other Asian background	<input type="checkbox"/>
WROM	Gypsy/Roma	<input type="checkbox"/>	BCRB	Black or Black British, Caribbean	<input type="checkbox"/>
WOTH	White, any other White background	<input type="checkbox"/>	BACFR	Black or Black British, African	<input type="checkbox"/>
MWBC	Mixed, White and Black Caribbean	<input type="checkbox"/>	BOTH	Black or Black British, any other Black background	<input type="checkbox"/>
MWBA	Mixed, White, and Black African	<input type="checkbox"/>	CHNE	Chinese	<input type="checkbox"/>
MWAS	Mixed, White, and Asian	<input type="checkbox"/>	OOH	Any other ethnic background	<input type="checkbox"/>
MOTH	Mixed, any other mixed background	<input type="checkbox"/>	REFU	Did not wish to be recorded	<input type="checkbox"/>
AIND	Asian or Asian British, Indian	<input type="checkbox"/>	NOBT	Not obtained	<input type="checkbox"/>

Provider(s) and attendance details

- You need to agree and complete a Parent/Provider Agreement form with each provider your child attends for their 2YOW Funded Entitlement hours 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 hours 2YOW Funded Entitlement hours available per week.

This agreement starts from (date): _____

My child is attending the following provider(s):

Provider Name(s)	Please enter total Funded Entitlement hours attended per day					Total number of hours per week	Number of weeks per year 38, 45, 47, 51
	Mon	Tue	Wed	Thurs	Fri		
Total Daily Funded Hours Attended							

Parent to sign.**STATEMENT 1: If child attends one provider only.**

For the 2YOW 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 2YOW Funded Entitlement** as set out at the end of this form. I understand that there are restrictions when accessing my funded hours on when I can move providers, detailed at the end of this form. 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 2YOW 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 2YOW 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 2YOW Funded Entitlement** as set out at the end of this form. I understand that there are restrictions when accessing my funded hours on when I can move providers, detailed at the end of this form. 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 _____

_____ Date _____



2 Year old Funded Entitlement Eligibility Code

Parent/Carer legal surname: _____ Parent/Carer legal first name: _____

Parent/Carer National Insurance Number											
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Eligibility Code:													
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I agree that the information I have provided can be shared with Buckinghamshire Council and HM Revenue and Customs (HMRC), who will access information from other government departments to confirm my child's eligibility and enable this provider to claim 2YOW Funded Entitlement on behalf of my child.

Print name _____

Signed _____ **Date** _____

<p>Providers use only:</p> <p>Checked by (name of staff member): _____</p> <p>Date (dd/mm/yyyy): _____</p>

<p>DISABILITY LIVING ALLOWANCE (DLA) AND DISABILITY ACCESS FUND (DAF) Subject to Parliamentary Approval.</p> <p>Children who are in receipt of DLA and are receiving the 2YOW Funded Entitlement are eligible for the DAF. DAF is paid to the child's Early Years provider as a fixed annual rate of £910 per eligible child.</p>		
Providers use only	YES	
child eligible and in receipt of DLA	NO	
<p>I can confirm I have seen evidence that the child currently receives Disability Living Allowance and that I have submitted a copy of this evidence to the Early Years Funding Team.</p> <p><small>If your child is splitting their 2YOW Funded Entitlement across two or more providers, please nominate the main provider where the Local Authority should pay the DAF.</small></p>		
Main Provider:	Checked by (name of staff member): _____	Date: _____



2YOW Funded Entitlement conditions.

- I understand that my chosen provider can ask for a deposit to secure my child's funded place but are required to refund the deposit to me in full within six weeks of the first day of my child starting with them.
- I understand that the 2YOW 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 and give permission for the eligibility code I present for the hours to the provider will be checked with Buckinghamshire Council and HMRC.
- 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"](#).
- 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 2YOW 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 Funded Entitlement 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. Providers will be clear in their admissions/fees policy which days and hours will be their offer where you will be able to access the 2YOW Funded Entitlement without having to purchase additional childcare hours. Your child can only receive the maximum numbers of funded 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 for example 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 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. If accessing the Funded Entitlement, no more than two providers in one day may be used and a maximum of three providers in total without reference to Buckinghamshire Council.
- 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 Funded Entitlement in a week up to the maximum number of hours allowed for the funding term. Pro-rata hours apply where the child's start is delayed or deferred.
- 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 only 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.
- Please understand that not all providers are eligible to provide funded places and parents must ensure that your chosen provider is eligible to do so before accepting a place.



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 changes of funded entitlement hours please complete the table below:

Provider Name(s)	Please enter total funded entitlement hours attended per day					Total number of hours per week	Number of weeks per year 38, 45, 47, 51
	Mon	Tue	Wed	Thurs	Fri		
Total Daily Funded Hours Attended							

Other changes (change of circumstances or address)

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 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 provided can be shared with Buckinghamshire Council, Department for Education, and Department for Work and Pensions if required.

Print name _____

Signed _____ Date _____



