

**Provider Name:**

**Free childcare entitlements parent/****carer declaration form**

**Statement**

This agreement sets out the arrangement made between the Parent/Carer and Provider for:

* accessing/providing Funded Early Learning (2 year olds in receipt of some form of additional support, or 3-4 year olds accessing Universal FEL)
* and for eligible children from the term after 9 months old to 4 years old under the Working Parent Entitlement (WPE) and/or Early Years Pupil Premium (EYPP).

A copy of this agreement must be kept for your records and a copy shared with parent/carer.

**The Period of the Agreement:** between ………………. and.……………. (……Terms)

**Step 1: Your child’s details - parents/carers to complete**

|  |  |
| --- | --- |
| **\*Child’s Surname(s):** |  |
| **\*Child Forename(s):** |  |
| **\*Name by which the child is known (if different from above):** |  |
| **\*Date of Birth:** Your will need to show your childcare provider evidence of your child’s date of birth. |  |
| **\*Sex:** |  |
| **\*Address:** |  |
| **Ethnicity**  [**https://www.gov.uk/guidance/complete-the-school-census/find-a-school-census-code-applicable-from-august-2024**](https://www.gov.uk/guidance/complete-the-school-census/find-a-school-census-code-applicable-from-august-2024) |  |
| **First Language** |  |

\* Mandatory field

**Step 2: Your details - parents/carers to complete**

|  |  |
| --- | --- |
| **Parent / Carer 1** | **Parent / Carer 2** |
| Surname: | Surname: |
| Forename: | Forename: |
| Date of Birth: | Date of Birth: |
| National Insurance Number or Asylum Support Reference Number (previously NASS): | National Insurance Number or Asylum Support Reference Number (previously NASS): |

**Step 3: Your child’s eligibility- parents/carers to complete**

To be completed with assistance from your chosen provider(s). Please tick which entitlement you will be using. If your child is 2 years old and eligible for both entitlements, you should use the entitlement for children from 2 years old receiving some additional form of support first.

Entitlement for children from 2 years old in families receiving additional forms of support:



* If parents/carers live in England and are in receipt of certain benefits and low income, or
* If a child is looked after by a local authority, has an EHC plan, gets Disability Living Allowance or has left care under an adoption order, special guardianship order or a child arrangements order.

Working parent entitlement for children from 9 months old.



Universal entitlement for 3- and 4-year-olds.



**Your provider could receive extra funding for your child if certain criteria are met, please opt in by ticking the below boxes if they apply to you or your child:**

Disability Access Fund (DAF) is used to help providers to make reasonable adjustments in their settings, that must primarily support the eligible child but may also benefit other children attending the setting.

Is your child entitled to the Disability Living Allowance? Ticking yes and giving your provider a copy of a Disability Living Allowance letter will enable your chosen provider to receive the DAF. Please note this is a single annual payment and cannot be transferred to a new provider.

Yes No



Early Years Pupil Premium (EYPP) is paid to childcare providers to provide extra support for your child. EYPP can be used to improve teaching and learning facilities and resources to impact positively on your child’s progress and development. Ticking yes to the questions may enable your chosen provider to receive the EYPP.

Can the childcare provider use the details you have supplied in Step 2 to see if your child is eligible for EYPP?

Yes No



Is your child currently looked after by a local authority/have they ever been looked after by a local authority in England or Wales?

Yes No



Local Authority that placed the care order (if applicable): .................................................

**Step 4: Document check-provider to complete**

|  |  |
| --- | --- |
| **Documentary proof of DOB Type (e.g. birth certificate, passport):** |  |
| **Documentary proof of current address:** |  |
| **Document recorded by (name of staff member):** |  |
| **Date document recorded (dd/mm/yyyy):** |  |
| **Working parent eligibility code: (e.g. 50123456789)** |  |
| **Targeted 2-year-old eligibility code: (e.g. TYF-2501-A1B2CDF0)** |  |

**Step 5: Attendance**

Providers are required to complete and review the Termly Pattern of Attendance Form. The template can be found online at <http://www.sheffield.gov.uk/home/schools-childcare/fel-funding-providers>

**For children eligible for the Extended Funded Entitlement for Working Families**: The Termly Pattern of Attendance Form needs to identify Universal FEL hours and hours under the Working Parent Entitlement Schemes separately. This is a DfE requirement.

Where more than one provider is delivering the funded childcare there is no difference to the hourly rate paid by the local authority.

Where a child attends more than one provider to access their funded hour entitlement parents must identify how the hours are being split, whether they are new to or existing to the setting/s

**Step 6: Transferring Providers**

If a child is moving from one provider to another during term time, the existing provider will need to be satisfied that 20 working days’ notice has been given prior to the transfer.

Providers are to ensure they have completed the Transfer Form. A copy of a template can be found online at <http://www.sheffield.gov.uk/home/schools-childcare/fel-funding-providers>

**Step 7: Parent/Carer/Guardian with legal responsibility declaration**

*I have read and understood this Parental Agreement and the information I have given in this Agreement, the Termly Pattern of Attendance Form and where applicable, Children Transferring Providers Form is accurate and correct.*

*I understand that my child’s Funded Early Learning will be delivered without charge and that the  
funded hours will be claimed on my behalf by the provider from the Local Authority.*

*Should my child take up the Working Parent Entitlement and my child is no longer eligible,*

*I will notify the provider that this is the case.*

*I have received detailed information about any additional services and understand I may incur a cost for any additional hours/services over and above the funded entitlement that my child receives (e.g. snacks, meals, activities outings/trips).*

*I have received clear and transparent information from the provider about the billing and invoicing procedure.*

*I understand that my child’s attendance should be regular and that I will inform the provider if my child does not attend (e.g. due to sickness, dentist/doctor appointment). I am aware if I do not ring or contact the provider they will follow the Local Authority procedures.*

*I understand that my personal information is held securely and will be used for claiming FEL funding, Early Years Pupil Premium or Free School Meals from the Local Authority. My eligibility for funding and any change to that eligibility will be shared with my current provider and future education settings my child attends where the funding claims are still appropriate.*

*I understand that details of what the Local Authority can use my child’s data for can be found in the privacy notice at* [*Early Years Settings Privacy Notice September 2024*](https://www.sheffield.gov.uk/sites/default/files/2024-09/early-years-settings-privacy-notice-september-2024.pdf) *(https://www.sheffield.gov.uk/sites/default/files/2024-09/early-years-settings-privacy-notice-september-2024.pdf)*

*The information I have given on this form is complete and accurate and I understand that a copy of this agreement can be made available from my Early Years Provider on request.*

**I confirm the information I have provided above is accurate and true. I understand**

**and agree to the conditions set out in this document and I authorise (Name of Provider/s)**

…………………………………………………………………………………………………

**to claim free entitlement funding as agreed above on behalf of my child. I understand that the data collected in this form will be shared with my chosen provider and Local Authority.**

|  |  |
| --- | --- |
| **Parent/Carer/Guardian with legal responsibility** | **Childcare provider** |
| Signed: | Signed: |
| Print name: | Print name: |
| Date: | Date: |

Sheffield City Council is collecting your data for the purposes of checking your eligibility for the free entitlements, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF), in accordance with its statutory functions under the Childcare Acts 2006 and 2016, and the School Standards and Framework Act 1998.

**Data Protection**

The Data Protection Act 2018 (the Act) puts in place certain safeguards regarding the use of personal data by organisations, including the Department for Education, local authorities, schools and other early education providers.  The Act gives rights to those about whom data is held (known as data subjects), such as pupils, their parents and teachers. This includes:

* The right to know the types of data being held
* Why it is being held; and
* To whom it may be disclosed

Should you have any concerns relating to how your information or the information relating to your child/ren is being or will be used, please contact your provider or Sheffield City Council. Please note that information about whether a child is in receipt of Disability Living Allowance is, under the Act, Special Category Data which should be handled appropriately. Providers are asked to pay particular note to advice from the Information Commissioner’s Office on holding personal data including sensitive personal data available at: <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/training-videos/handling-more-sensitive-information/>

**Privacy Notice** - [Early Years Settings Privacy Notice September 2024](https://www.sheffield.gov.uk/sites/default/files/2024-09/early-years-settings-privacy-notice-september-2024.pdf)

(<https://www.sheffield.gov.uk/sites/default/files/2024-09/early-years-settings-privacy-notice-september-2024.pdf>)

**Annexe**

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| --- | --- |
| **Termly Pattern of Attendance Form** |  |
| **Children Transferring Providers Form** |  |