

## 2 Year Old Funding Application Form 2014/15

This form is to be used to apply for the funded early learning and childcare funding for children who are 2 years old.

**Failure to complete this section in full will cause delays in processing the application.**



<b>Child's Name</b>	<b>Date of Birth</b>	<b>Gender</b> (please tick) Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Parent/Carer Name</b>	<b>Date of Birth</b>	<b>National Insurance No.</b>
<b>Parent/Carer Name</b>	<b>Date of Birth</b>	<b>National Insurance No.</b>
<b>Address:</b>		
<b>Postcode:</b>		
<b>Home Telephone:</b>	<b>Mobile Telephone:</b>	
<b>Email address:</b>		

### Benefits – please tick any you receive:

Income Support	<input type="checkbox"/>	We will check 100% of claims made as a result of you being in receipt of one of these benefits. We use a checker provided by HMRC.
Job Seekers Allowance (Income Based)	<input type="checkbox"/>	
Income related Employment Support Allowance (ESA-IR)	<input type="checkbox"/>	
Child Tax Credit with an annual income less than £16,190	<input type="checkbox"/>	
Guarantee element of Pension credit	<input type="checkbox"/>	
Immigration and Asylum Act 1999 Support	<input type="checkbox"/>	
Working Tax Credit with an annual income less than £16,190	<input type="checkbox"/>	

### Please indicate if the child is subject to any of the following criteria:

Child in Care	<input type="checkbox"/>	Child in Need (Active Social Work case )	<input type="checkbox"/>
Child Protection Plan	<input type="checkbox"/>	Special Guardianship Order	<input type="checkbox"/>
Residence Order	<input type="checkbox"/>	Adoption Order	<input type="checkbox"/>
Receives Disability Living Allowance *	<input type="checkbox"/>	Statement of Special Educational Needs	<input type="checkbox"/>
Part of Gypsy/Roma/Traveller community	<input type="checkbox"/>		

\* If child is in receipt of Disability Living Allowance (DLA) please send proof of entitlement.

### Requests from the following criteria will be considered subject to availability of funding:

Has English as an additional language	<input type="checkbox"/>	Whose main carer has left care	<input type="checkbox"/>
Whose main carer is a teenage parent	<input type="checkbox"/>	Family supported by Together for Families	<input type="checkbox"/>

### Please complete if you are supporting a parent to make this application:

Name of referrer:	
Referrer Job Title:	
Organisation:	
Contact Telephone No:	

### Childcare Provider

It is the requirement that the childcare provider used has a recent OFSTED rating of either **good or outstanding**. This information can be obtained from any potential setting or can be accessed on the internet at [www.ofsted.gov.uk](http://www.ofsted.gov.uk). If preferred please name the setting of choice and we will check the rating for you.

#### Name of Childcare Provider

Address:

Postcode:

Contact Name:

Contact Tel No:

Ofsted Rating: (if known)

Is the child currently attending this setting?      Yes       No

### Data Statement

We will collect names, addresses and DOB of children whom we fund for 2 year old sessions in order to plot take up and geographical spread of need. Evaluations will be required to be completed. A signed agreement of this form indicates your agreement to check your eligibility for Free School Meals and for information to be shared with relevant partners including FIS, Children Centres, NHS and Childcare Providers. Details will be held for 5 years after completion of the funded sessions and then disposed of securely.

#### To be completed by parent/carer

I have read and understood the data statement above and would like my child to be considered for 2 year old funded sessions. I understand that the childcare provider that I use will have an Ofsted rating of **Good or Outstanding**. If the provider does not have an Ofsted rating of Good or Outstanding, I will provide additional information to support the reason why I want to use them (please use a separate piece of paper).

Signature \*

Name Printed

Date

\*original signature required – failure to supply an original will delay the application

#### Please return form to:

**Finance Team, Room 24, 3 – 5 Barn Lane, Bodmin, PL31 1LZ**

**Tel: 01208 265688.**

**Fax: 01208 893178**

**Email: [nurseryfunding@cornwall.gov.uk](mailto:nurseryfunding@cornwall.gov.uk)**