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| **Parent Contract for Early Education Funding** | | | | | | | | | | | | | |
| This contract must be completed by the parent / carer with legal responsibility for the child detailed below to enable them to receive early education funded hours. This form should be submitted with evidence of the child’s date of birth. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Section 1: Your Child’s Details** | | | | | | | | | | | | | |
| **Legal family name:** | | | | | | | | | | | **Legal forename:** | | |
| **Any other names the child may be known as:** | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | **Postcode:** |
| **Date of birth:** | | | | | | | | | | | **Gender:** | | |
| **D** | **D** | | **M** | | **M** | **Y** | **Y** | **Y** | | **Y** |
| **Special Educational Need provision:** please tick one of the following | | | | | | | | | | | | | |
| No Special Educational Need Education, Health and Care plan SEN Support | | | | | | | | | | | | | |
| **Date of birth evidence:** please tick the evidence you will be providing | | | | | | | | | | | | | |
|  | | Birth certificate | | | | | | | | | Passport | | |
|  | | | | | | | | | | | | | |
| **Date of birth check - to be completed by early years provider:** | | | | | | | | | | | | | |
| **Evidence seen** | | | | Yes / No | | | | | **Date** | | |  | |
| **Staff name** | | | |  | | | | | **Staff signature** | | |  | |

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| **Section 2: Your Child’s Ethnicity** | | | | | | | |
| For monitoring purposes, please select: | | | | | | | |
|  | | | | | | | |
| **White** | | | **Asian or Asian British** | | | **Mixed** | |
|  |  | British | |  | Indian |  | White and Black Caribbean |
|  | | | | | | | |
|  |  | Irish | |  | Pakistani |  | White and Black African |
|  | | | | | | | |
|  |  | Traveller of Irish Heritage | |  | Bangladeshi |  | White and Asian |
|  | | | | | | | |
|  |  | Gypsy / Roma | |  | Any other Asian Background |  | Any other Mixed Background |
|  | | | | | | | |
|  |  | Any Other White Background | |  | |  | |
|  | | | **Black or Black British** | | |  |  |
|  | | |  | | Caribbean |  | Chinese or Chinese British |
|  | | | | | | | |
|  |  | Prefer Not To Say | |  | African |  | Other ethnic group |
|  | | | | | | | |
|  |  |  | |  | Any other Black Background |  | |
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| **Section 3: Your Details (parents/carers)** | | | | | | | | | | | | | | | |
| **Parent / Carer 1** | | | | | | | | **Parent / Carer 2 (optional)** | | | | | | | |
| **Legal family name:** | | | | | | | | **Legal family name:** | | | | | | | |
| **Legal forename:** | | | | | | | | **Legal forename:** | | | | | | | |
| **Date of birth:** | | | | | | | | **Date of birth:** | | | | | | | |
| **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| **National Insurance (NI) or NASS Number:** | | | | | | | | **National Insurance (NI) or NASS Number:** | | | | | | | |

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| **Section 4: Your Child’s Early Education Funding** | | | | |
| Please select the funding you are applying for: | | | | |
|  | 2 year old funding - you must meet the 2 year old eligibility criteria | | | |
|  | 3 & 4 year old funding - universal 15 hours | | | |
|  | 3 & 4 year old funding - extended 15 hours, you must meet the 30 hours eligibility criteria | | | |
|  | | | | |
| **Funding check - to be completed by early years provider:** | | | | |
| **2YO eligibility**  **received** | | Yes / Not applicable | **Date received** |  |
| **30 Hours code** | |  | **Date checked on portal** |  |
| **Staff name** | |  | **Staff signature** |  |

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| **Section 5: Additional Funding for 3 & 4 Year Old Children** | | | |
| If you have applied for 2 Year Old funding, please ignore this section. | | | |
| **Early Years Pupil Premium (EYPP)** is additional funding for children who meet an eligibility criteria. This is used to improve teaching and learning facilities, as well as resources to impact positively on all children’s progress and development. Further information is available at [www.trafford.gov.uk/eypp](http://www.trafford.gov.uk/eypp) or you can also speak to your early years provider. | | | |
| Do you wish to apply for EYPP Funding? | | Yes | No |
|  | | | |
| **Disability Access Fund (DAF)** is additional funding for children who are in receipt of Disability Living Allowance and are receiving early education funding. It is paid to your child’s early years provider for them to make reasonable adjustments and build the capacity of their setting to support children with disabilities. | | | |
| Is your child eligible and in receipt of Disability Living Allowance? | | Yes | No |
|  | | | |
| If your child is splitting their early education funding across two or more early years providers, please nominate which provider the Disability Access Fund should be paid to. |  | | |

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| **Section 6: Setting and Attendance Details** | | | | | | | | |
| If your child is receiving their early education funding at more than one early years provider, you will need to agree and complete this Parental Contract with each of them.  Children can attend a maximum of two sites in a single day. Please provide the details below for all the early years providers that your child is attending, including those in a different local authority. | | | | | | | | |
| **Setting Name (s)** | | **Number of early education hours**  **attended per day** | | | | | **Hours per**  **week** | **Weeks per**  **year (e.g. 38,47.5)** |
| **Mon** | **Tues** | **Weds** | **Thurs** | **Fri** |
| **A** |  |  |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |  |  |
| **C** |  |  |  |  |  |  |  |  |
| **Total Daily Hours attended:** | |  |  |  |  |  |  |  |
|  | | | | | | | | |
| If your child is entitled to 30 hours free childcare, please nominate the setting where they will be receiving their universal hours. These are the first 15 hours that every 3 & 4 year old child is entitled to. | | | | | |  | | |

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| **Section 7: Declaration** | | |
| Please tick to confirm you understand the conditions of the funding: | | |
| I am not able to change my funding during the term unless exceptional circumstances agreed by the local authority. | |  |
| I cannot claim more than **570** hours per year or **1,140** hours if eligible for the extended 15 hours funding and have a valid 30 hours code. | |  |
| If I am receiving the extended 15 hours funding, then I must reconfirm my 30 hours code by the code end date to ensure my child remains eligible for funding. If my code isn’t reconfirmed, the funding stops and it is my responsibility to pay for these hours. | |  |
| I must notify you, my early year’s provider, if I am accessing 2, 3 or 4 year old funding with another provider with Trafford or another local authority. | |  |
| If I wish to change early years providers at the start of the next term, I must give my current early years provider the required notice period. | |  |
| The information I have provided can be shared with the Department for Education, who will access the information from other government departments to confirm my child’s eligibility and enable this provider to claim Free Entitlement Funding; Early Years Pupil Premium (EYPP) and Disability Access Fund (DAF) on behalf of my child. | |  |
| The information I have provided will be entered into the national Eligibility Checking System to check my child’s continuing eligibility for Early Years Funding. | |  |
| The information on this form will be stored securely in accordance with GDPR and will be entered onto a funding portal which is accessed by the local authority and you, my early years provider. | |  |
| The information I have provided can be shared with Trafford Council and the Department for Education. If I live outside of Trafford or my early years provider is located in another local authority, then my information can be shared with the relevant local authority. | |  |
| **Parent**  I (print name):  of (print address):  confirm that the information I have provided on this contract is accurate and true.  I understand and agree to the conditions set out in this contract.  I authorise the following early years provider/s to claim early education funding as agreed above on behalf of my child.  **Signature: Date:** | | |
| **Provider**  I confirm the form has been checked and is fully completed. | | |
| **Name:** | **Position:** | |
| **Signature:** | **Date:** | |
| In collecting your data for the purposes of checking your eligibility for the 2-year-old, or 3 & 4-year-old universal and extended free entitlements, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF), Trafford Council is exercising the function of a government department. Trafford Council is authorised to collect this data pursuant to Section 13 of the Childcare Act 2006. | | |

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| **Section 8: Data Privacy** |
| 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 (DfE), local authorities and schools and other early education providers. The Act gives rights to those about whom data is held (known as data subject), 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 Trafford 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 Special Category Data available at:  <https://ico.org.uk/for-organisations/guide-to-data-protection/principle-3-adequacy/>  For further information about how Trafford Council handle your personal details please visit [www.trafford.gov.uk/earlyeducationprivacynotice](http://www.trafford.gov.uk/earlyeducationprivacynotice) |
|  |
| **If you need to change any of the information provided on this form or wish to withdraw consent for the eligibility checks detailed above, please contact us and we will inform Trafford Council.** |