

This form is to be used for eligible children to access their Universal 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.

<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 (e.g. Birth Certificate, 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"/>	OOOTH 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"/>

Is the parent of the child a serving member of the Armed Forces (Personnel Categories 1 and 2)?

YES/NO (please delete as applicable)

Provider(s) and attendance details

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

This agreement starts from (date): _____

My child is attending the following providers:

Provider 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 Universal 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 County 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 Universal 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 Universal 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 Universal 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 Universal 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 County Council, Department for Education and Department of Work and Pensions if required.

Print name _____

Signed _____ Date _____



DISABILITY LIVING ALLOWANCE (DLA) AND DISABILITY ACCESS FUND (DAF)

3&4 year old children who are in receipt of DLA and are receiving the Universal Funded Entitlement are eligible for the DAF. DAF is paid to the child's Early Years provider as a fixed annual rate of £615 per eligible child.

Is your child eligible and in receipt of DLA	YES	
	NO	

If your child is splitting their Universal Funded Entitlement across two or more providers please nominate the main provider where the Local Authority should pay the DAF.

Main Provider: _____

Provider use only: **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.**

Checked by (name of staff member): _____ Date: _____

EARLY YEARS PUPIL PREMIUM (EYPP) is an additional sum of money paid to childcare providers for children of families in receipt of one or more of the benefits listed in the table below. This funding will be used to impact positively on your child's progress and development by improving the teaching, learning, facilities and resources

Should an eligible child move to another provider then the EYPP will also move to the new provider.

<ul style="list-style-type: none"> ✓ Income Support (IS) ✓ Income-based (not contribution-based) Job Seeker's Allowance (IBJSA) ✓ The Guarantee element of the State Pension Credit. ✓ Income-related employment and support allowance or ✓ Financially supported by NASS (National Asylum Support Service). ✓ Universal Credit – with an annual net earned income equivalent to and not exceeding £7,400 assessed on up to three of the most recent Universal Credit assessment periods 	<ul style="list-style-type: none"> ✓ Child Tax Credit except if you meet <u>ANY</u> of the following criteria <ul style="list-style-type: none"> i. entitled to working tax credit (regardless of income) ii. have an annual gross income of no more than £16,190 <p><i>Where a parent is entitled to Working Tax Credit during the four-week period immediately after their employment ceases, or after they start to work less than 16 hours per week, their children are entitled to early years pupil premium.</i></p>
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If you believe that your child may qualify for the EYPP please provide the following information for the **parent/carer in receipt of any of the above. If your child is adopted from care, please fill in the Adopted Children EYPP Application Form.**

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

Parent/Carer Date of Birth: _____

Parent/Carer National Insurance Number																			
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Parent/Carer NASS Number (if applicable)																				
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In signing this declaration you enable the local authority to confirm eligibility for economic reasons with the Department for Works and Pensions (DWP). (*s110 of The Education Act 2005 requires that data is only used for its intended purpose, i.e. to determine eligibility for pupil premium and that improper use of information is an offence. All LA users are required to sign a declaration to confirm that they will only use data for its intended purpose.*)

Parent/Carer Signature: _____

Provider use only: <table border="1"> <tr> <td>EYPP eligibility code</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	EYPP eligibility code																					Application date for EYPP (dd/mm/yyyy): _____ Recorded by (name of staff member): _____
EYPP eligibility code																						



Universal 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 Universal 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 County Council (BCC). 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 September 2018.
- 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 Universal Funded Entitlement per week. The Universal Funded Entitlement must be taken at a BCC approved provider and taken up to 51 weeks per year (maximum 570 hours Universal 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 BCC.
- You may choose to enroll your child at two or more providers to access up to 15 hours of Universal 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 Universal 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 BCC will investigate and make the final decision.
- The maintained or academy school your child is due to attend will offer the opportunity to take up a full time school place from the September following your child's 4th birthday. If you accept the offer to attend a maintained or academy school before compulsory school age you are no longer eligible to claim your Universal Funded Entitlement and must inform your provider(s) not to claim the Early Education Entitlement funding from the beginning of the term your child starts attending the school.
- BCC recommends only using one provider for the Universal 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 Universal Funded Entitlement no more than two providers in one day may be used and a maximum of three providers in total without reference to BCC.
- 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 Universal Funded Entitlement 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.
- 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 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 changes of Universal 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):

I confirm that the changes stated above are accurate and true. I also agree that the information I have provided can be shared with BCC, Department for Education and DWP if required.

Print name _____

Signed _____ Date _____

If there have been no changes since this PPA-U 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 BCC, Department for Education and DWP if required.

Print name _____

Signed _____ Date _____