

Parent Authorisation Form (PAF) for Early Education Funding

Please complete this form so that early education funding can be claimed for your child.

1. Child and Parent/Carer Information

Child's details		Parent/Carer details	
Legal first name		Title (e.g. Mr, Mrs, Miss, Ms, Mx.)	
Legal middle name(s)		Legal first name	
Legal last name		Legal last name	
Gender (please select)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified	Gender (please select)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified
Address		Address (if different from child's address)	
Postcode		Postcode	
Date of Birth (DD/MM/YYYY)		Date of Birth (DD/MM/YYYY)	
Ethnicity Code		NI Number or NASS Number	
First Language		Parental Responsibility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Expanded/ Extended Hours Eligibility Code (11-digit code from Childcare Choices)		Relationship to child	

2a. Attendance details

Term Autumn/Spring/ Summer (please indicate below)	Setting name(s)	No. funded hours per week		No. weeks	Total termly funded hours	Date	Signature or typed name (if returned by email)
		Funded/ Universal	Expanded/ Extended				
Term 1 - Choose an item.	1						
	2						
Term 2 – Choose an item.	1						
	2						
Term 3 – Choose an item.	1						
	2						

 I understand there may be a charge for consumables.
 Please ask your childcare provider for more details.

 Yes, I understand
2b. Stretched Offer

 If parents/carers want to stretch their funded hours so they are used outside of term time, a stretched offer agreement **MUST** be in place. This can either be on a termly basis or over a year. The stretched offer agreement **MUST** clearly show when the hours will be used and be signed and dated by the parent/carers and provider.

Is a stretched offer agreement in place?

 Yes No

3. Eligibility

If you have a **2 year old** (including the term in which they turn 3) who qualifies via the 'Disadvantaged/Non-Economic' criteria, please complete section **3a**.

3a. 2 year old funding

Economic Criteria			
Do you have a Golden Ticket?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Golden Ticket Ref Number:	
Or have you checked your eligibility using the online checker? www.suffolk.gov.uk/two	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Ref Number:	
Non-Economic Criteria			
Is your child adopted from care?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Type of evidence provided:	
Or has your child been looked after by the Local Authority for 1 day or more?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Type of evidence provided:	
Or does your child receive Disability Living Allowance (DLA) or have an Education, Health and Care Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Type of evidence provided:	

3b. Early Years Pupil Premium and Disability Access Fund (for eligible children)

Early Years Pupil Premium (EYPP)			
Early Years Pupil Premium is additional funding that can be claimed by childcare providers to support eligible children's learning and development. Automated checks for Economic EYPP will be carried out using the information you have added to this PAF For details about the eligibility criteria please speak to your provider or go to www.suffolk.gov.uk/EYPP			
EYPP Non - Economic criteria			
Is your child subject to an adoption, child arrangement, special guardianship, or residence order?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Type of evidence provided:	
Or has your child been looked after by the Local Authority for 1 day or more?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Type of evidence provided:	
Disability Access Fund (DAF)			
If your child is in receipt of Disability Living Allowance (DLA) you can nominate one provider to receive an extra £1000 per year from the Disability Access Fund.			
Are you nominating this provider to claim the DAF allowance for your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	DLA evidence provided:	

4. Parent/Carer Declaration

You must agree to / understand the following declarations before you can start accessing your funded place. Please mark the box to show you agree/understand.

Please refer to the **Suffolk County Council (SCC) CYP Privacy Notice** for information on how your details will be used and shared (www.suffolk.gov.uk/about/privacy-notice/).

I confirm all the childcare provider/s / schools and funded/universal and/or expanded/extended hours my child attends are correct.	<input type="checkbox"/> I agree
I confirm this provider can claim for the number of hours indicated in section 2.	<input type="checkbox"/> I agree
I understand I cannot increase the number of funded hours I am claiming during the term.	<input type="checkbox"/> I understand
I understand if I choose to move my child during a term to a different childcare provider in Suffolk, the new provider will not be able to claim funded hours already claimed this term and I will be expected to pay the new provider.	<input type="checkbox"/> I understand
I understand this provider can discuss my child's pattern of attendance with the other provider/s stated above so they can confirm where I would like to claim my funded/universal and/or expanded/extended hours.	<input type="checkbox"/> I understand

Parent/Carer Declaration continued on next page.

I understand this provider will check my eligibility for the funding and that information can be shared with Suffolk County Council (SCC) and services within SCC (e.g. School transport, Free school meals, continuing with my child into School Reception Year) and Department for Education (DfE) to confirm my child's eligibility and enable this provider to claim funding on behalf of my child.	<input type="checkbox"/> I understand
I understand it is a criminal offence to make false claims for funding, and any suspected false claims will be treated seriously, and the appropriate action will be taken.	<input type="checkbox"/> I understand
I understand the information in this form is sensitive and I take responsibility for this risk if I return this form by email to my childcare provider.	<input type="checkbox"/> I understand
Authorised by Parent/Carer (PRINT)	Date:
Signed (or state returned by email)	
Email address (if form is returned electronically your email address will represent signature and your declaration that this claim is correct)	

For Childcare Provider Office Use Only**5. Provider Declaration**

Please refer to the guidance notes before making the following declarations. **You must indicate in the boxes to show you agree/understand the declarations before you can offer a funded place.**

I have verified the Date of Birth (DoB) evidence provided by the parent/carer and I have selected below which DoB evidence has been seen.	<input type="checkbox"/> Yes
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> European ID Card
<input type="checkbox"/> Passport	
Reference number of DoB evidence selected	
I confirm that the information given is correct and that the named child is eligible for early education funding during the term/s shown on the PAF.	<input type="checkbox"/> I agree
I confirm that no more than 15 hours of early education will be taken per week this term or 30 hours where a family is eligible for a total of 30 funded hours per week.	<input type="checkbox"/> I agree
If applicable , I confirm a copy of the stretched offer agreement is attached to this PAF.	<input type="checkbox"/> I agree
Where applicable, I confirm I have verified eligibility for additional funding. (2-year-old, expanded/extended entitlement, Non-economic EYPP, DAF) before offering a funded place.	<input type="checkbox"/> I agree
I understand it is a criminal offence to make false claims for funding, and any suspected false claims will be treated seriously, and the appropriate action will be taken.	<input type="checkbox"/> I understand
Name of Childcare Provider / School:	
Provider LoP Number / School Number:	
Authorised by Provider: (PRINT FULL NAME)	
Signed: (or state authorised electronically)	
Date funding agreed: (dd/mm/yyyy)	