

BRADFORD EARLY YEARS FUNDED HOURS PARENT AGREEMENT FORM

# CHILDS DETAILS

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| **Child’s Legal Forename:** | **Childs Legal Middle name:** | **Child’s Legal Family Name:** |
| **Child’s Date of Birth: Day/Month/Year** | | **Child’s Gender: Male/Female/Not specified** |
| **Home Address:** | | |

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| **Child’s Ethnicity (Please tick one of the boxes below)** | | | | | |
| ABAN | Bangladeshi or British Bangladeshi |  | MWAS | Mixed – white/Asian |  |
| AIND | Indian or British Indian |  | MWBA | Mixed – white/Black African |  |
| AMPK | Mirpuri Pakistani or British Mirpuri Pakistani |  | MWBC | Mixed - White/Black  Caribbean |  |
| AOPK | Other Pakistani or Other British Pakistani |  | MOTH | Any other mixed background |  |
| AOTH | Any other Asian or British Asian background |  | WBRI | White British |  |
| BAFR | Black African or British Black African |  | WIRI | White Irish |  |
| BCRB | Black Caribbean or British Black Caribbean |  | WIRT | Traveller – Irish heritage |  |
| BOTH | Any other Black or Black British background |  | WROM | Roma/Roma Gypsy |  |
| CHNE | Chinese or British Chinese |  | WOTH | Any other white background |  |
| OOTH | Other - Any other ethnic group |  | REFU | Refused to provide |  |

**What is your child’s spoken language?**

1. **PARENTS DETAILS**

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| **Parent’s name** |  |
| **Parent’s telephone number** |  |
| **Parent’s email address** |  |

# 2a. ADDITIONAL DETAILS FOR CHILDREN CLAIMING 15 HOURS FOR A 2 YEAR OLD

Providers must check the eligibility of a child before offering the funded hours.

The following information is required for an online check or an official document check to be carried out by the provider. The provider must retain a copy of the online check or the official documentation you provide.

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| --- | --- | --- |
| **Parent’s National Insurance Number or National Asylum Seeker's Support Number** | **Parent’s Date of Birth: Day/Month/Year** | |
| **Tick which 2 year old eligibility you meet on the list below and the provider will carry out a**  **check using the online 2 year old checker** | |  |
| Income Support | |  |
| Income-based Jobseeker’s Allowance | |  |
| Income Related Employment and Support Allowance [ESA] | |  |
| The “Guarantee” element of State Pension Credit | |  |
| Tax credits, and your household income is £16,190 a year or less before tax  the Working Tax Credit 4-week run on (the payment you get when you stop qualifying for Working Tax Credit) | |  |
| Universal Credit, and your household income is £15,400 a year or less after tax, not including  benefit payments | |  |
| **Tick which eligibility you meet on the list below and the provider must then contact**  **Bradford Council to check eligibility** | |  |
| Child has a current statement of special educational needs (SEN) or an education, health and  care plan | |  |
| Child attracts the Disability Living Allowance | |  |
| Child who is looked after by the local council | |  |
| Child who has left care through adoption order, special guardianship order or a child  arrangements order | |  |
| Parent is a non- UK citizen who cannot claim benefits  Immigration status says you have ‘no recourse to public funds Household income must be no more than:   * £26,500 for families with one child * £30,600 for families with two or more children   You cannot have more than £16,000 in savings or investments. | |  |

# 2b. ADDITIONAL DETAILS FOR CHILDREN ELIGIBLE FOR 30 HOURS FUNDING

Parents can apply to HMRC for a 30 hour code from when your child is 2 years and 36 weeks old. You must have a valid code by the end of the month before a new term starts.

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| **When your child turns 3** | **The date that they are entitled**  **to 30 hours from** | **Recommended time to apply** |
| 1 September to 31 December | Term starting on or after 1  January | 15 October to 30 November |
| 1 January to 31 March | Term starting on or after 1 April | 15 January to 28 February |
| 1 April to 31 August | Term starting on or after 1 September | 15 June to 31 July |

The following information is required for the provider to carry out an online check prior to offering a place.

|  |  |
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| **Parent/carer National Insurance Number:** | **Parent’s Date of Birth: Day/Month/Year** |
| **30 hours HMRC eligibility code: 11 digit number** (e.g. 50001234567) | |

# 2c DISABILITY ACCESS FUND

Parents of children who are in receipt of Disability Living Allowance DLA and are receiving their 3 and 4-year-old funded entitlement can apply for the Disability Access Fund (DAF) to be paid to a provider. Disability Access Fund is paid to the child’s early year provider as a fixed annual rate for 2022-2023 of £1000. Funding can only be paid to one provider.

The funding aids access to early years’ places, it should help towards making reasonable adjustments and/or helping with building capacity, be that for your child, or for the benefit of children as a whole attending the setting.

If your child is in receipt of Disability Living Allowance, please tick the relevant boxes below and ask your provider for information on how to make an application.

More information is available here [www.bradford.gov.uk/children-young-people-and-](http://www.bradford.gov.uk/children-young-people-and-families/looking-for-childcare/childrens-disability-access-funding/) [families/looking-for-childcare/childrens-disability-access-funding/](http://www.bradford.gov.uk/children-young-people-and-families/looking-for-childcare/childrens-disability-access-funding/)

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| My child has been awarded Disability Living Allowance |  |
| I intend making an application for funding to go to the provider named in this form |  |
| I do not intend making an application for funding to be paid to the provider named  in this form |  |

# 2d. EARLY YEARS PUPIL PREMIUM (EYPP)

Providers can claim extra funding through the Early Years Pupil Premium to support children’s development, learning and care.

Bradford Council will inform your childcare provider if your child is eligible for EYPP based on you being in receipt of out-of-work benefits.

If the provider is not informed that your child is eligible and they think that your child should be eligible, then they can carry out an online check.

If you wish the provider to carry out a check please provide the following information. Please note: you are giving permission to check your eligibility from the relevant benefits.

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| --- | --- | --- |
| **Parent’s National Insurance Number or National Asylum Seeker's Support Number** | **Parent’s Date of Birth: Day/Month/Year** | |
| **Tick which eligibility you meet on the list below and the provider will carry out a**  **check if required.** | |  |
| Income Support | |  |
| Income-based Jobseeker’s Allowance | |  |
| Income-related Employment and Support Allowance | |  |
| Support under part VI of the Immigration and Asylum Act 1999 | |  |
| The guaranteed element of State Pension Credit | |  |
| Child Tax Credit (provided they are not also entitled to Working Tax Credit and  have an annual gross income of no more than £16,190) | |  |
| Working Tax Credit run-on, which is paid for 4 weeks after they stop qualifying for  Working Tax Credit | |  |
| Universal Credit - your household income must be less than £7,400 a year after tax  not including any benefits you get | |  |

Children who are looked after or have left care through particular circumstances (adoption, special guardianship or a child arrangement order) may be eligible for EYPP - please tick the relevant box below and provide your childcare provider with a copy of the relevant court order or a letter from your child’s social worker:

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| Looked After Child |  |
| Left Care Through Adoption |  |
| Left Care Through Special Guardianship |  |
| Left Care through Child Arrangement order |  |

# DETAILS OF FUNDED HOURS

You need to complete a Parent Agreement Form for each setting that your child attends for their early years funded entitlement of 15 or 30 hours per week.

Your child can

* + access their hours at more than one provider
  + attend a maximum of two sites in a single day
  + access their funded hours over more than 38 weeks, some providers can offer stretch funded hours over more than 38 weeks
  + access no more than 10 hours a day of their funded hours – additional hours will be paid for childcare
  + access no more than 15 hours per week if claiming the 15 hours entitlement
  + access no more than 30 hrs per week if claiming 30 hrs entitlement
  + access the funded hours between 6 am and 8 pm, subject to the opening times of your provider

Your provider can explain how they can offer your child their funded entitlement hours.

If you want to make a change to the funded hours speak to your provider and they will update the form and change the hours they are claiming.

# Tell us how many funded hours you want the provider to claim

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| --- | --- |
| **How many funded hours per week do you want the provider to claim?** | **How many weeks per year do you wish to take the funded hours over?**   * **38 weeks (term time)** * **More than 38 weeks e.g. 39-52**   **(stretched)** |
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| **Are you claiming some of your child’s funded**  **hours with another provider?** | **NO** | **YES** |
|  |  |
| **If YES please tell us the name of the provider** | **If YES please tell us how many funded**  **hours per week?** | |
|  |  | |

1. **PARENT/CARER/GUARDIAN WITH LEGAL RESPONSIBILITY DECLARATION**

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| --- | --- |
| **I Authorise (parents name)** |  |
| **I agree the provider (name of provider)** |  |
| * can claim early years funding as agreed in this agreement on behalf of my child | |
| * can verify my child’s eligibility using Bradford Council’s online checking systems and official documents I have provided | |
| * can share the information I have provided in this form and the eligibility evidence I have provided with Bradford Metropolitan District Council and the Department for Education regarding my child’s eligibility for funded entitlement hours and their attendance at the provision | |
| **I confirm I** | |
| * have seen the provider’s privacy notice and I understand how my data is to be used and protected | |
| * understand I cannot access a place with a registered childminder if my child is a relative of the childminder (*a 'relative, in relation to a child, means a grandparent, aunt, uncle, brother or sister, whether of the full blood or half blood or by marriage or civil partnership)* | |
| * understand if my child doesn’t start on or before the census date I will not be eligible to receive funding until the start of the next term | |
| * understand that if I register with a provider and my child starts attending, then I choose to leave prior to census date, the provider will not be able to claim the funding for any hours my child has attended so far. This may result in the provider billing me for the cost of the hours my child has attended | |
| * understand I cannot transfer my child’s funded hours to another provider part way through the funding period | |
| * have received information from the provider of any additional services available and understand that the provider may charge me if I take up any additional services that are beyond my child’s entitlement hours | |
| * understand that should I no longer be entitled to 30 hours funding I will inform all childcare providers to make the necessary adjustments to funding claims | |

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| Parent name |  |
| Parent signature |  |
| Date signed |  |

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# PROVIDER SECTION - ELIGIBILITY RECORDING

This section **must** be completed by the provider.

The full form must be retained for a period of 4 years from the child’s start date, to enable Bradford Council to carry out compliance visits, audits and if necessary fraud investigations.

|  |  |
| --- | --- |
| Birth Certificate |  |
| Passport |  |
| Adoption Certificate |  |

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| **Childs Date of Birth eligibility - check for all children** | | |
| Tick which documentation was checked Do not retain a copy | Date the check was carried out (dd/mm/yyyy) | Name of the member of staff |

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| --- | --- | --- | --- | --- |
| **2 YEAR OLD ELIGIBILITY CHECK** | | | | |
| **POSITIVE online eligibility check** | **Tick eligibilit**  **y checked** | **Evidence required** | **Date the check was carried out** | **Name of member of staff** |
| **POSITIVE online eligibility check** |  | A print out or secure digital copy of the  positive check |  |  |
| **MANUAL check. Please indicate the evidence provided for Bradford Metropolitan District Council to**  **check and verify eligibility.** | | | | |
| **Eligibility criteria** | **Evidence provided** | | | **Name of member of**  **staff** |
| Income Support | Jobcentre Plus letter | | |  |
| Income-based Job Seeker’s  Allowance | Jobcentre Plus letter | | |  |
| Income Related Employment &  Support Allowance | Jobcentre Plus letter | | |  |
| Universal Credits (income less  than £15,400 a year after tax) | Up to 3 x most recent Universal Credit Statements | | |  |
| The “Guarantee” element of  State Pension Credit | Department for Work and Pensions DWP letter | | |  |
| Tax Credits (income less than  £16,190 before tax) | HMRC statement - actual previous year’s earnings showing total household earnings | | |  |
| Special Education Needs | SEN statement/Education Health and Care Plan | | |  |
| Child in receipt of Disabilities  Living Allowance | Child’s DLA award letter | | |  |
| Looked After Child | Letter/email from the child’s Social Worker | | |  |
| Child who has left care | Adoption certificate/Special Guardianship Order/Child  Arrangements Order | | |  |
| Non- EEA citizen who cannot  claim benefits | Application form and relevant evidence | | |  |
| **Confirmation of manual eligibility check. Bradford Metropolitan District Council will verify eligibility. A**  **copy of the email confirmation must be kept on file.** | | | | |
| Date of email confirmation |  | | | |

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| **30 HOUR ELIGIBILITY CHECK**  **The provider must do this by verifying the child’s 30 hour eligibility code with Bradford Metropolitan District Council via the Bradford Early Years Provider Portal.** | | |
|  | **Date the check was**  **carried out** | **Name of member of**  **staff** |
| **POSITIVE online eligibility check** |  |  |

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| **Summary of how funded hours will be delivered**  Additional columns to be used when there are any changes with the funded hours as agreed with the parent | | | | |
| How many hours each week will the child be attending? |  |  |  |  |
| How many weeks will the entitlement hours be delivered over? |  |  |  |  |
| How many weekly entitlement hours will be claimed? |  |  |  |  |
| How many are universal hours? |  |  |  |  |
| How many are extended hours? |  |  |  |  |
| Date Agreed with parents |  |  |  |  |

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| --- | --- |
| **What date will the funded hours begin?** |  |
| **What date did the funded hours end?** |  |

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| --- | --- |
| **The full form must be retained for a period of 4 years from the child’s start date as stated above, to enable Bradford Metropolitan District Council to carry out compliance visits, audits and if necessary fraud investigations** | Date the form can be disposed of  / / |