**Parent Authorisation Form (PAF) for early education funding for 3 & 4-year-olds and eligible 2-year-olds**

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

**1. Child and Parent/Carer Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Childs 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) | Male  Female  Not specified | Gender (please select) | Male  Female  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 | Yes  No |
| 30 Hour Eligibility Code |  | 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) |
| Universal | Extended |
| Term 1- | 1 |  |  |  |  |  | |  |  |
| 2 |  |  |  |  |  | |
| Term 2 – | 1 |  |  |  |  |  | |  |  |
| 2 |  |  |  |  |  | |
| Term 3 – | 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/carer 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) please complete section **3a.**

If you have a **3 or 4 year old** (from the term after they turn 3) please complete section **3b.**

**3a. 2 year old funding**

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

**3b. 3 and 4 year old funding**

|  |  |  |  |
| --- | --- | --- | --- |
| **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](http://www.suffolk.gov.uk/EYPP) | | | |
| **EYPP Non - Economic criteria** | | | |
| Is your child subject to an adoption, child arrangement, special guardianship or residence order? | Yes  N/A | Type of evidence provided: |  |
| Or has your child been looked after by the Local Authority for 1 day or more? | Yes  N/A | Type of evidence provided: |  |
| **Disability Access Fund (DAF)**  If your child is over 3 and 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? | Yes  No  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/](http://www.suffolk.gov.uk/about/privacy-notice/)).

|  |  |
| --- | --- |
| I confirm all the childcare provider/s / schools and universal/extended funded hours my child attends are correct. | I agree |
| I confirm this provider can claim for the number of hours indicated in section 2. | I agree |
| I understand I cannot increase the number of **funded hours** I am claiming during the term. | 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. | 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 universal/extended hours. | I understand |
| **PLEASE CONTINUE TO NEXT PAGE** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. Parent/Carer Declaration Continued** | | | |
| 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. | | | 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. | | | 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. | | | 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. | | | | Yes |
| Birth Certificate | European ID Card | | 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. | | | | I agree |
| I confirm that no more than 15 hours of universal 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. | | | | I agree |
| **If applicable**, I confirm a copy of the stretched offer agreement is attached to this PAF. | | | | I agree |
| Where applicable, I confirm I have verified eligibility for additional funding.  (2-year-old, extended entitlement, Non-economic EYPP, DAF) before offering a funded place. | | | | 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. | | | | 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) | |  | | |