



EY2c Parent Declaration Form

1. Child's Details

Legal forename	Legal middle name/s	Legal surname
Preferred surname (if different)	Date of birth	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnicity <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> White British <input type="checkbox"/> White English <input type="checkbox"/> White Cornish <input type="checkbox"/> White Irish <input type="checkbox"/> Any other white background <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Any other black background </div> <div> <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background <input type="checkbox"/> Information Not Yet Obtained <input type="checkbox"/> Refused </div> <div> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian Background <input type="checkbox"/> Any other ethnic group, please specify: <hr/> </div> </div>		
Address <div style="text-align: right;">Postcode</div>		

2. Two-Year-Old Funding (only for 2-year-olds)

Eligibility Code	Code Issue Date
Note: Please provide evidence of your code to your provider – a screenshot from the parent portal or a copy of the email sent to you from the Nursery Funding Team	

3. Codes and Consent: EYPP, 30 Hours and Parent/Carer Information (Only for 3- and 4-year-olds)

Parent/Carer Legal forename	Parent/Carer Legal surname
Date of birth	National Insurance No: Or NASS No:

Early Years Pupil Premium (EYPP) ONLY

Additional funding for your provider may be available through EYPP to provide extra support/ additional resources to impact positively on your child's progress and development:

I wish to apply for EYPP for my child under economic (financial) criteria ☐

I wish to apply for EYPP for my child and enclose a copy of the supporting document if applying under non-economic criteria (adoption/in care/SGO etc) ☐

30 Hours (extended entitlement) ONLY

Eligibility Code:

Code Issue Date:

Note: Extended hours funding starts the term **AFTER** the child turns 3 years old

4. Setting and attendance details

Funding Start Date: /...../.....								
Setting Name	Total funded hours per day					Universal hrs per week	Extended hrs per week	Term time <input type="checkbox"/> Banked * <input type="checkbox"/> Stretched <input type="checkbox"/> If stretched, how many weeks per year:
	Mon	Tue	Wed	Thur	Fri			

* **Banked hours** – complete the boxes below

In special circumstances, where stretched funding is not applicable, a few hours a week can be 'banked' to give flexibility to the parents. Careful consideration must be given to ensure these hours are used within a reasonable time and will be reclaimed if not used.

Hours banked per week:		Date by which banked hours will be used:	
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My child also attends the following other setting/s:		Universal hrs	Extended hrs
Setting name	Total funded hours per week:		

Please ensure that the total funded hours do not exceed 15 hours (or 30 if eligible) and it is clear whether you are claiming universal or extended hours

Privacy Statement

This information is being collected by the Education and Early Years Nursery Funding Team on behalf of Cornwall Council as Data Controller to assess entitlement to receive Nursery education (funded early learning) and other pupil benefits such as the Pupil Premium which can be claimed from the Department for Education to support your child at school. Data on you or your child may also be shared with relevant partners including the Family Information Service, Children's Centres, Schools, The NHS, Childcare providers and other relevant partners within the Children, Schools and Families Directorate. The data held relating to the delivery of support by the relevant Support Service to your child will be used both for the provision of services and also for performance and service planning. This information will be held in a secure environment in accordance with Cornwall Council retention policy. <http://www.cornwall.gov.uk/council-and-democracy/data-protection-and-freedom-of-information/data-protection/retention-and-disposal/> after which time it will be destroyed in a secure manner.

A copy of our Privacy Notice can be found at www.cornwall.gov.uk/csfrprivacynotice. You have the right to withdraw consent to the processing of your data at any time and your further rights as to how we handle your data can be found by following the above link. Should you wish to withdraw your consent please contact the Nursery Funding Team nurseryfunding@cornwall.gov.uk.

Parent/Carer/Guardian with legal	Childcare Provider
I confirm that the information I have provided above is accurate and true. I authorise this provider to claim free entitlement funding as agreed above on behalf of my child and I agree that my child will attend regularly, and funding may be withdrawn if this is not the case. Signature _____ Print name _____ Date _____	I confirm I will claim the hours as agreed above and in accordance with the Funding Agreement. This form was signed by the parent/carer/guardian after the form was fully completed and nothing has been added or changed since. Signature _____ Print name _____ Date _____

For completion by setting. THIS SECTION MUST BE COMPLETED TO RECEIVE FUNDING

Type of documentary proof of Child's DoB (e.g. Birth Certificate, Passport)	
Date document recorded	
Document recorded by (Name of staff member)	

☐ Previously provided on:

Date: _____

Guidance for parents on completing the EY2c Form

Box 1: Child's Details

All sections must be completed. Please enter the full legal name of your child, i.e. full forename, not shortening or nick name (e.g. Benjamin, not Ben) and the child's legal surname

Box 2: Two-Year-Old Funding

Please provide evidence of an eligible code **and** start date to your provider, as without these funding may not be available.

Box 3: Codes and Consent

You must provide your details if either EYPP or 30 hours funding is applicable.

For EYPP, please tick the applicable box so that eligibility checks can be made by Nursery Funding.

For 30 Hours, please provide the code **and** the start date. Parents/carers are asked by HMRC to renew their funding code every 3 months. If this lapses, gaps in your funding may occur.

Box 4: Setting and Attendance details

This is to show the date the funding is to start and the number of funded hours to be claimed.

Please ensure with your provider that:

- The start date of the funding is clearly entered
- The number of hours per day add up to the total per week
- The term-time, banked or stretched boxes are ticked as appropriate

If you have agreed with your provider to bank hours, the total number of hours you wish to claim should include the banked hours. You should also agree a date by which you will have used any banked hours

Attendance at another setting:

Please discuss any attendance at another setting with the provider and complete this box accordingly. If your claims at both settings total more than the child's entitlement, we will be unable to make any payment for your child until the claims are corrected and the overclaim resolved.

Privacy Statement

Please ensure you read this section of the form.

Signatures

Both parties should sign, only after the form has been fully completed.

Date of Birth Evidence

Please provide your child's birth certificate or passport, or other documentary evidence of their date of birth as proof they are the correct age to receive the funding.

The provider will note this on the form to ensure accurate data is recorded.