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

Please complete this form so that your childcare provider can claim Early Education funding for your child. You are able to request a copy of the Parent/Carer PAF Guidance to assist you in completing this form.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Childs details** | | **Parent/Carer details** | |
| Legal Forename |  | Title (e.g. Mr, Mrs, Miss, Ms) |  |
| Legal Middle Name(s) |  | Legal Forename |  |
| Legal Surname |  | Legal Surname |  |
| 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 |  | National Insurance Number or  National Asylum Support Service No. |  |
| First Language |  | Parental Responsibility | Yes  No |
| 30 Hour Eligibility Code |  | Relationship to child |  |

**2. Date of Birth Evidence**

Date of birth evidence must be seen and checked and a copy taken when the first claim is made for Early Education funding with each childcare provider. Parent/carer please tick which evidence you are providing.

|  |  |  |
| --- | --- | --- |
| Birth Certificate | European ID Card | Passport |

**3. Childcare Provider and attendance details**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Childcare Provider  Name | Total number of funded hours attended per day | | | | | | | **Total** | | **Number of weeks per year (e.g. 38, 51)** |
| Mon | Tue | Wed | Thur | Fri | Sat | Sun | Universal hours claimed per week | Extended hours claimed per week |
| (1) |  |  |  |  |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |  |  |  |  |
| **Total funded hours claimed per week**  Parents can claim a maximum of 15 **universal** hours per week.  If eligible parents can claim a maximum of 15 **extended** hours per week. | | | | | | | |  |  |  |

**4. Stretched Offer**

If a stretched offer has been agreed and/or your weekly attendance pattern varies, please attach details of the offer to this PAF. Parent/carers must agree to the following declaration before the child starts accessing the stretched offer. Please sign the box below to say you agree and understand.

|  |  |
| --- | --- |
| I understand that where my child leaves the provider part way through a funding year and has been accessing a stretched offer there may be instances where either my child or provider may lose funded hours. | Yes, I agree |

**5. Eligibility**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent to Complete** | | **Childcare Provider to complete** | |
| **2 Year Funding - Economic Criteria** | | | |
| If you child is 2 – do you have a Golden Ticket? | Yes  No | Golden Ticket Ref Number: |  |
| Or have you check your eligibility using the online checker? | Yes  No | Letter seen and copy taken | Yes |
| Or have you provided paperwork as proof of eligibility? | Yes  No | Type of evidence provide:  Type of benefit: |  |
| **2 Year Funding – Non-Economic Criteria** | | | |
| Is your child adopted from care? | Yes  No | Type of evidence provided: |  |
| Or has your child been looked after by the Local Authority for 1 day or more? | Yes  No | Type of evidence provided: |  |
| Or does your child receive Disability Living Allowance (DLA) or have an Education, Health and Care Plan? | Yes  No | Type of evidence provided: |  |
| **Early Years Pupil Premium (EYPP) for 3 and 4 year olds** | | | |
| 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  No | Type of evidence provided: |  |
| Or has your child been looked after by the Local Authority for 1 day or more? | Yes  No | Type of evidence provided: |  |
| **Disability Access Fund (DAF)**  If your child is over 3 and claims Disability Living Allowance (DLA) you can nominate **one** provider to receive an extra **£615 per year** from the Disability Access Fund. | | | |
| Are you nominating this provider to claim the DAF allowance for your child? | Yes  No | DLA evidence provided: |  |

**6. Parent/Carer Declaration**

You must agree/understand to 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. | | Yes, I agree |
| I confirm this provider can claim for the number of hours indicated in row 1. | | Yes, I agree |
| I understand any information recording my child’s development or learning can be passed on to the next provider or school. | | Yes, I agree |
| 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. | | Yes, I understand  or not applicable |
| I understand this provider can discuss my child’s pattern of attendance with the other chosen provider/s stated above so they can confirm where I would like to claim my universal/extended hours. | | Yes, I agree |
| 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) and Department for Education (DfE) to confirm my child’s eligibility and enable this provider to claim funding on behalf of my child. | | Yes, 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. | | Yes, I understand |
| 1st Term being Funded |  | |
| Authorised by Parent/Carer (PRINT) |  | |
| Signed (or state **returned by email)** |  | |
| Email address (if form is returned electronically your email address will act as evidence of signature) |  | |
| Date funding agreed (DD/MM/YYYY) |  | |

**7. Parent Declaration for subsequent 2nd and 3rd term**

**This section can be signed each subsequent term a child attends with the same provider where no personal information or hours claimed have changed (any change requires a new form to be completed).**

I confirm that none of the information on this form has changed so it can be used to claim funding for another term:

|  |  |  |  |
| --- | --- | --- | --- |
| 2nd Term being funded |  | 3rd Term being funded |  |
| Parent/Carer Name (PRINT) |  | Parent/Carer Name (PRINT) |  |
| Parent/Carer Signature |  | Parent/Carer Signature |  |
| Date |  | Date |  |

***For Childcare Provider Office Use Only***

**8. 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. A copy has been taken and will be stored securely. | | | | 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. | | | | Yes, 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. | | | | Yes, I agree |
| Where applicable, I confirm I have verified eligibility for additional funding (2-year-old, extended entitlement, Non-economic EYPP, DAF). | | | | Yes, 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. | | | | Yes, I understand |
| Name of Childcare Provider / School: | |  | | |
| Provider’s SEEGs Number / School Number: | |  | | |
| Authorised by Provider:  (PRINT FULL NAME) | |  | | |
| Signed: (or state authorised electronically) | |  | | |
| Date funding agreed: (dd/mm/yyyy) | |  | | |

**9. OPTIONAL SUMMARY (To use when adding hours to the headcount task on the Provider Portal)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child Legal Name** | **Stretched offer (Y/N)** | **EYPP / 2YO criteria code** | **Weeks attended for term** | **Hours attended for term** | **Universal hours claimed per week** | **Universal hours attended for term** | **Extended hours claimed per week** | **Extended hours attended for term** |
|  |  |  |  |  |  |  |  |  |