

This form is to be used for eligible children to access their Extended 30 hours Funded Entitlement.

Children can take up to 30 hours per week for 38 weeks per year or ‘stretch’ the entitlement accessing fewer hours over more weeks e.g. 22 hours over 51 weeks

Please read these notes before filling in this form.

- Please note this form is mandatory and must be completed before your Early Years Provider can claim the Funded Entitlement for your child
- Please put your child's full name as shown on his/her birth certificate.

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|---|--|
| <p>Childs details:</p> <p>Child Legal Family Name: _____</p> <p>Child Legal First Name: _____</p> <p>Child Legal Middle Name(s): _____</p> <p>Name by which the child is known (if different from above): _____</p> <p>Full Address: _____ _____ _____</p> <p>Post Code: _____</p> | <p>Date of Birth: _____</p> <p>Male/Female: _____</p> <p>Documentary proof of DOB Type (e.g. Birth Certificate, Passport): _____</p> <p>Date document recorded (dd/mm/yyyy): _____</p> <p>Document recorded by (name of staff member): _____</p> |
|---|--|

Is the parent of the child a serving member of the Armed Forces (Personnel Categories 1 and 2)?

YES/NO (please delete as applicable)

Please tick the appropriate Ethnic Code

| Ethnic Codes | | | | | |
|--------------|-----------------------------------|--------------------------|-------|--|--------------------------|
| WBRI | White British | <input type="checkbox"/> | APKN | Asian or Asian British, Pakistani | <input type="checkbox"/> |
| WIRI | White Irish | <input type="checkbox"/> | ABAN | Asian or Asian British, Bangladeshi | <input type="checkbox"/> |
| WIRT | Traveler of Irish Heritage | <input type="checkbox"/> | AOTH | Asian or Asian British, any other Asian background | <input type="checkbox"/> |
| WROM | Gypsy/Roma | <input type="checkbox"/> | BCRB | Black or Black British, Caribbean | <input type="checkbox"/> |
| WOTH | White, any other White background | <input type="checkbox"/> | BACFR | Black or Black British, African | <input type="checkbox"/> |
| MWBC | Mixed, White and Black Caribbean | <input type="checkbox"/> | BOTH | Black or Black British, any other Black background | <input type="checkbox"/> |
| MWBA | Mixed, White and Black African | <input type="checkbox"/> | CHNE | Chinese | <input type="checkbox"/> |
| MWAS | Mixed, White and Asian | <input type="checkbox"/> | OOTH | Any other ethnic background | <input type="checkbox"/> |
| MOTH | Mixed, any other mixed background | <input type="checkbox"/> | REFU | Did not wish to be recorded | <input type="checkbox"/> |
| AIND | Asian or Asian British, Indian | <input type="checkbox"/> | NOBT | Not obtained | <input type="checkbox"/> |



Provider(s) and attendance details

- You need to agree and complete a Parent/Provider Agreement form with each provider your child attends for their Funded Entitlement in order to ensure that funding is paid appropriately between them.
- Your child can attend a maximum of two sites in a single day.
- Your child can attend a session for a minimum of 30 minutes at one provider and a maximum of 10 hours in a single day, split over a maximum of two sites.
- The total claim must not exceed the 30 Funded Entitlement hours available per week.

This agreement starts from (date): _____

My child is attending the following provider(s):

| Provider Name(s) | Please enter total Funded Entitlement hours attended per day | | | | | Total number of hours per week | Number of weeks per year (e.g. 38, 51) |
|--|--|-----|-----|-------|-----|--------------------------------|--|
| | Mon | Tue | Wed | Thurs | Fri | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total Daily Funded Hours Attended | | | | | | | |

Parent to sign

STATEMENT 1: If child attends one provider only

For the Extended Funded Entitlement the total claim must not exceed 30 hours per week and the total hours must be accessed over a minimum of 3 days. I confirm that my child does not access a funded place with another provider in Buckinghamshire or with a provider in another local authority and has not been registered to receive funding at any other provider; or accepted a place at a maintained school or nursery during this term.

I confirm this is an accurate and true statement and I have read, understood and **agree** to the **conditions of the Funded Entitlement** as set out at the end of this form. I understand that I can only move providers at half term if I wish to still access my funded hours for that half term. I also agree that the information I have provided can be shared with Buckinghamshire Council, Department for Education, and Department of Work and Pensions if required.

Print name _____

Signed _____ Date _____

STATEMENT 2: If child attends two or more providers

For the Extended Funded Entitlement the total claim must not exceed 30 hours per week and the total hours across two or more providers must be accessed over a minimum of 3 days. I confirm that the above child will access their Funded Entitlement through two or more providers in the approximate time spans shown in the above table. I confirm that my child is not registered to receive their Funded Entitlement at any other provider other than the providers named, during this term.

I can confirm that I have nominated the following provider/s, _____ to deliver the 15 (Universal) Funded Entitlement hours for my child named on page one.

I confirm this is an accurate and true statement and I have read, understood and **agree** to the **conditions of the Funded Entitlement** as set out at the end of this form. I understand that I can only move providers at half term if I wish to still access my funded hours for that half term. I also agree that the information I have provided can be shared with Buckinghamshire Council, Department for Education, and Department of Work and Pensions if required.

Print name _____

Signed _____ Date _____



Extended Funded Entitlement (30 hours) Eligibility Code

Parent/Carer legal surname: _____ Parent/Carer legal first name: _____

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Parent/Carer National Insurance Number | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Eligibility Code: | | | | | | | | | | | | | | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

I agree that the information I have provided can be shared with Buckinghamshire Council and HM Revenue and Customs (HMRC), who will access information from other government departments to confirm my child's eligibility and enable this provider to claim Extended Entitlement on behalf of my child.

Print name _____

Signed _____ Date _____

| |
|---|
| <p><u>Provider use only:</u> Checked by (name of staff member): _____ Date (dd/mm/yyyy): _____</p> |
|---|

| | | |
|---|-----|--|
| <u>DISABILITY LIVING ALLOWANCE (DLA) AND DISABILITY ACCESS FUND (DAF)</u> | | |
| 3&4 year old children who are in receipt of DLA and are receiving the Funded Entitlement are eligible for the DAF. DAF is paid to the child's Early Years provider as a fixed annual rate of £615 per eligible child. | | |
| Is your child eligible and in receipt of DLA | YES | |
| | NO | |
| If your child is splitting their Funded Entitlement across two or more providers please nominate the main provider where the Local Authority should pay the DAF. | | |
| Main Provider: | | |

| |
|--|
| <p><u>Provider use only:</u> I can confirm I have seen evidence that the child currently receives Disability Living Allowance and that I have submitted a copy of this evidence to the Early Years Funding Team. Checked by (name of staff member): _____ Date: _____</p> |
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Extended Funded Entitlement conditions

- I understand that my chosen provider can ask for a deposit to secure my child's funded place but are required to refund the deposit to me in full within six weeks of the first day of my child starting with them.
- I understand that the Extended Funded Entitlement hours are free at the point of delivery and that I cannot be charged for these in advance.
- I have received detailed information from the provider(s) named and been advised of any additional services available for my child and I understand I may have to pay fees for these services.
- I understand that not all providers will offer the Extended Funded Entitlement.
- I understand and give permission for the eligibility code I present for the extended hours to the provider will be checked with Buckinghamshire Council and HMRC.
- I understand that I cannot amend this agreement or change the provider(s) detailed within a claim period (each claim period corresponds to every half term) of this agreement without the express permission of the provider(s) and Buckinghamshire Council. This will only be agreed in exceptional circumstances as detailed in Buckinghamshire's "Local Management of the Funded Entitlement for 2, 3 and 4 year olds" – Updated January 2020.
- I agree to accept liability for the administration and legal costs for recovery for any overpayment made due to a false declaration on this form.

Essential notes for parents/carers

- If your child was born within the eligible birth date range he/she will be entitled to up to 30 hours of Extended Funded Entitlement per week. The Funded Entitlement must be taken at a BCC approved provider and taken up to 51 weeks per year (maximum 1140 hours Extended Funded Entitlement for the year).
- Your child is expected to attend for the hours claimed as stated on page 2 of this form and if your child does not attend regularly your provider may be asked to repay funding. Your provider will ask you to confirm and record the reason for non-attendance and extended non-attendance will be notified to Buckinghamshire Council.
- You may choose to enroll your child at two or more providers to access up to 30 hours of Funded Entitlement per week but at not more than two providers in one day. Provider's will be clear in their admissions/fees policy which days and hours will be their offer where you will be able to access the Extended Funded Entitlement without having to purchase additional childcare hours. Your child can only receive the maximum numbers of funded hours designated for any one Early Education Entitlement funding period (term).
- Providers will make it clear in their admissions/fees policy the cost of additional childcare hours, meals, consumables (nappies, wipes, sunscreen etc.), or any additional services they may offer (e.g. yoga, French, keep fit etc.)
- If you use more than one provider it must be clear the funded hours to be claimed at each one. Where there is a dispute about the allocation of funding Buckinghamshire Council will investigate and make the final decision.
- The maintained or academy school your child is due to attend will offer the opportunity to take up a full time school place from the September following your child's 4th birthday. If you accept the offer to attend a maintained or academy school before compulsory school age you are no longer eligible to claim your funded entitlement and must inform your provider(s) not to claim the Early Education Entitlement funding from the beginning of the term your child starts attending the school.
- Buckinghamshire Council recommends only using one provider for the Extended Funded Entitlement hours as this will offer a more consistent level of development and support to your child, however, it is accepted that some parents may need/prefer to use two providers. If accessing the Extended Funded Entitlement no more than two providers in one day may be used and a maximum of three providers in total without reference to Buckinghamshire Council.
- A child can attend for no less than ½ an hour in a day, no more than 10 hours in a day and a total of no more than 30 hours Extended Funded Entitlement in a week up to the maximum number of hours allowed for the funding term. Pro-rata hours apply e.g. where the child's start is delayed or deferred.
- Where available, Early Education Entitlement may be stretched over 45, 47 or 51 weeks per year, however it can only be accessed with more than one provider if the provider(s) offers only the same stretched or term time only offer. Whilst you may change providers at half term we regret that you cannot switch from a term time only to stretched offer or vice versa until the end of the funded period, which is normally the end of the current term but may be later in the case of a stretched offer



Amendment Section: please select and complete as appropriate

Full legal name of child: _____

Childs Date of Birth: _____

Parent/Carer name: _____

Date change takes effect: _____

For changes of funded entitlement hours please complete the table below:

| Provider Name(s) | Please enter total funded entitlement hours attended per day | | | | | Total number of hours per week | Number of weeks per year (e.g. 38, 45, 51) |
|--|--|-----|-----|-------|-----|--------------------------------|--|
| | Mon | Tue | Wed | Thurs | Fri | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total Daily Funded Hours Attended | | | | | | | |

Other changes (e.g. change of address):

I confirm that the changes stated above are accurate and true. I also agree that the information I have provided can be shared with Buckinghamshire Council, Department for Education, and Department of Work and Pensions if required.

Print name _____

Signed _____ Date _____

If there have been no changes since this PPA-E form was initially signed please fill in the section below:

I confirm that there have been no changes since I originally completed the form. I agree that the information I provided can be shared with Buckinghamshire Council, Department for Education, and Department for Work and Pensions if required.

Print name _____

Signed _____ Date _____

