



Parent Declaration Form

Beaford Primary & Nursery School

To claim the Early Years Funding, parents must complete and sign this Declaration Form for each Devon provider that your child attends.

1. Child's Details (to be completed by the parent/carer)

Child's Legal Surname:	Child's Legal Forename/s:
Name by which the child is known (if different from above):	
Date of Birth:	___ / ___ / _____
Gender:	Girl / Boy/ Prefer not to say
Address:	
Postcode:	
Child's date of birth checked by:	Name of staff member:
	Date checked:
Type of evidence provided by parent/carer:	Birth certificate Passport Other please state
Child's date of birth as on document:	
Language spoken at home:	

Please TICK all that apply to your child:

This data is needed for the Early Years Census and the Schools Census returns

What is your child's ethnic group?	
White	If you ticked this go to Box 2
Mixed or multiple ethnic groups	If you ticked this go to Box 3
Asian or Asian British	If you ticked this go to Box 4
Black, African, Caribbean, or Black British	If you ticked this go to Box 5
Other ethnic group	If you ticked this go to Box 6
Prefer not to say	

BOX 2

Which of the following best describes your White background?	
English, Welsh, Scottish, Northern Irish or British	
Irish	
Gypsy or Irish Traveller	
Any other White background	
Prefer not to say	

BOX 3

Which of the following best describes your Mixed or Multiple ethnic groups background?	
White and Black Caribbean	
White and Black African	
White and Asian	
Any other Mixed or Multiple ethnic background	
Prefer not to say	

BOX 4

Which of the following best describes your Asian or Asian British background?	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Any other Asian background	
Prefer not to say	

BOX 5

Which of the following best describes your Black, African, Caribbean, or Black British background?	
African	
Caribbean	
Any other Black, African, or Caribbean background	
Prefer not to say	

BOX 6

Which of the following best describes your background?	
Arab	
Any other ethnic group	
Prefer not to say	

2. Parents/Carers Details

Title: (Mr, Mrs, Ms etc.)	
Full Name:	
Date of Birth: DD/MM/YYYY	
Address:	
Postcode:	
Telephone:	
Email:	
Relationship to the child:	Mother Father Grandmother Grandfather Foster carer Other, please state:
Do you have parental responsibility?	

3. Information needed to claim two-year-old funding

Eligibility Message from the Citizens Portal checked:	Name of staff member: Date of check:
Copy of eligibility message taken.	Screen shot Photo Other please state:
Citizen Portal Application Reference:	TYF 878 - _____ - _____ _____
Eligible Start Date: DD/MM/YYYY	

4. Additional information for children claiming the Extended Entitlement (30 Hours)

National Insurance Number	_____
30 hours eligibility code: (11 digits)	501 _____ 11 _____ 400 _____

5. My Child is attending the following Providers:

You need to complete a **Declaration Form** with each provider your child attends to ensure that funding is paid fairly between them.

Your child can attend providers on a maximum of two sites in a single day. Please check with a provider if you are unsure what you can claim. If your child attends more than one provider and there is an overclaim, the funding will be fairly split between the providers.

Please tell us which providers you are attending and circle the term that this relates to

SPRING/ SUMMER/ AUTUMN 2023

Name of Provider 1:	
Total hours attended each week	
Number funded hours attended each week	
Total funded weeks attended each year	

Name of Provider 2:	
Total hours attended each week	
Number of funded hours attended each week	
Total funded weeks attended each year	

Name of Provider 3:	
Total hours attended each week	
Number of funded hours attended each week	
Total funded weeks attended each year	

6. Additional Funding that may be available for your child

If you have set up an account on the [Citizen Portal](#) and given permission for your details to be checked Devon County Council will pay Early Years Pupil Premium directly to the

provider that your child attends.

Early Years Pupil Premium

Early Years Pupil Premium (EYPP) is additional funding for early years providers to improve the education that they provide for some three- and four-year-olds. Children may be eligible if parents have an income under £16,190 and are in receipt of one or more of the qualifying benefits or if a child is in care.

[For more information on Early Years Pupil Premium](#)

Disability Access Funding

Disability Access Funding (DAF) is available for early years providers to support three- and four-year-old children who receive Disability Living Allowance (DLA). The funding aids access to early years places by supporting providers in making reasonable adjustments to their settings.

[For more information on Disability Access Funding](#)

Free School Meals

If you are using a nursery class in a school your child may be able to have a free school meal.

Your child must attend both before and after the lunchtime period as well as meet the qualifying criteria. Please apply through the [Citizens Portal](#).

General Data Protection Regulation Consent Form

Your personal data is being used by TEAM Multi Academy Trust for the purposes of claiming early years funding from Devon County Council. We undertake to ensure your personal data will only be used in accordance with our privacy notice which can be accessed on our Trust website: <https://www.teamacademytrust.com>

The information provided will be shared with Devon County Council (DCC) who may share it with the Department for Education, Department for Work and Pensions, neighbouring Local Authorities, Her Majesty's Revenue and Customs and other funded providers that your child attends to confirm their eligibility and enable TEAM Multi Academy Trust to claim early years funding on behalf of your child.

For more details read [Devon County Council Privacy Notices](#).

Please confirm that you give your consent to TEAM Multi Academy Trust using your personal data as outlined in our privacy notice, by completing the details below.

I give my consent for TEAM Multi Academy Trust to use my personal data as outlined in their privacy notice.

Signed:

Print name:

Date of consent:

You have the right to withdraw your consent at any time. Should you wish to withdraw consent please contact the Trust Data Protection Officer, Briony Parsons: bparsons@team-mat.org.uk

If you wish to exercise any of your rights under the General Data Protection Regulations, please contact our Data Protection Officer Briony Parsons: bparsons@team-mat.org.uk. For more details visit our website.

Providers should keep this form to enable them to claim funding through the Provider Portal.

PLEASE DO NOT SEND IT TO DEVON COUNTY COUNCIL