

# 2 Year Old Funding Application Form 2013/14



This form is to be used to apply for the free early learning and childcare funding for children who are 2 years old.

**Families must be claiming non working benefits which is the same criteria as Free School Meals.**

Failure to complete this section in full will cause delays in processing the application.

<b>Child's Name</b>	<b>Date of Birth (DOB)</b>	<b>Gender</b> (please delete) Male / Female
<b>Parent/Carer Name</b>	<b>National Insurance No.</b>	<b>DOB</b>
<b>Parent/Carer Name</b>	<b>National Insurance No.</b>	<b>DOB</b>
<b>Address:</b>		
<b>Postcode:</b>		
<b>Home Telephone:</b>	<b>Mobile Telephone:</b>	
<b>Email address:</b>		
<b>Ethnicity of Child (Please state)</b>		
African <input type="checkbox"/>	Asian Bangladeshi <input type="checkbox"/>	
Asian Chinese <input type="checkbox"/>	Asian East African <input type="checkbox"/>	
Asian Indian <input type="checkbox"/>	Asian Pakistani <input type="checkbox"/>	
Asian Other <input type="checkbox"/>	Black <input type="checkbox"/>	
Caribbean/West Indian <input type="checkbox"/>	Cornish <input type="checkbox"/>	
Eastern European <input type="checkbox"/>	Irish <input type="checkbox"/>	
UK European <input type="checkbox"/>	Gypsy, Roma, Traveller <input type="checkbox"/>	
White <input type="checkbox"/>	If other please state:	

## Benefit confirmation

**100% checks are made for applications.**

(We will be checking on the system allocated via HMRC.

Please note that Working Tax Credits is not a non working benefit)

Please indicate if the applicant child meets any of the following criteria:

Child Protection Plan	
Child in Need (active Social Care case)	
Child in Care	

Please complete if you supporting a parent to make this application

<b>Name of referrer:</b>	
<b>Referrer Job Title:</b>	
<b>Organisation:</b>	
<b>Contact Telephone No:</b>	

**Childcare Provider**

It is the requirement that the childcare provider used has a recent OFSTED rating of either **good or outstanding**. This information can be obtained from any potential setting or can be accessed on the internet at [www.ofsted.gov.uk](http://www.ofsted.gov.uk). If preferred please name the setting of choice and we will check the rating for you.

<b>Name of Childcare Provider</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Contact Name:</b>	
<b>Contact Tel No:</b>	
<b>Ofsted Rating:</b> (if known)	
Is the child currently attending this setting?	Yes/ No

Please tick any of the additional issues that your family may be facing, as this enables us to look at service development and delivery in our Localities. Where it states child – this relates to the applicant child only.

Domestic Violence		Drug/alcohol/substance misuse	
Parents who have been in care		Lone Parent	
Sibling receiving CAMHS services or placed on a Youth Offending Order		Where one parent is absent on active military service	
Current mental health issues or a disability* (incl learning disability)		Child accessing Speech and Language Therapy	
Child with a disability (as per the DDA clarification below*)		Where one parent is serving a custodial sentence	
Child with developmental or learning difficulty (not meeting milestones)		Family in temporary accommodation	
Child experiencing emotional and behavioural problems		Teenage Parents under 18 (not claiming Care to Learn)	

\* Definition of disability as per the Disability Discrimination Act 1995; Equality Act 2010. A child/adult whose physical or mental impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

**Data Statement**

We will collect names, addresses and DOB of children whom we fund for 2 year old sessions in order to plot take up and geographical spread of need. Evaluations will be required to be completed. A signed agreement of this form indicates your agreement to check your eligibility for Free School Meals, for information to be shared with relevant partners including FIS, Children Centres, NHS and Childcare Providers. Details will be held for 5 years after completion of the funded sessions and then disposed of securely.

**To be completed by parent/carer**

I have read and understood the data statement above and would like my child to be considered for 2 year old funded sessions. I understand that the childcare provider that I use will have an Ofsted rating of **Good or Outstanding**. If the provider does not have an Ofsted rating of Good or Outstanding, I will provide additional information to support the reason why I want to use them (please use a separate piece of paper).

Signature \*

Name Printed

Date

\*original signature required – failure to supply an original will delay the application

Please return form to:

The Family Information Service, Room 242, 39 Penwinnick Road, St Austell, PL25 5DR  
 Tel: 0800 587 8191 / Email: [FIS@cornwall.gov.uk](mailto:FIS@cornwall.gov.uk) / Fax: 01726 223301 (not confidential)