

## 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)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified	Gender (please select)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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/carers please tick which evidence you are providing.

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> European ID Card	<input type="checkbox"/> Passport
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### 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)										
<b>Total funded hours claimed per week</b>										
Parents can claim a maximum of 15 <b>universal</b> hours per week.										
If eligible parents can claim a maximum of 15 <b>extended</b> 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 <input type="checkbox"/>
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#### 5. Eligibility

Parent to Complete		Childcare Provider to complete	
<b>2 Year Funding - Economic Criteria</b>			
If you child is 2 – do you have a Golden Ticket?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Golden Ticket Ref Number:	
Or have you check your eligibility using the online checker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Letter seen and copy taken	<input type="checkbox"/> Yes
Or have you provided paperwork as proof of eligibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of evidence provide: Type of benefit:	
<b>2 Year Funding – Non-Economic Criteria</b>			
Is your child adopted from care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of evidence provided:	
Or has your child been looked after by the Local Authority for 1 day or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of evidence provided:	
Or does your child receive Disability Living Allowance (DLA) or have an Education, Health and Care Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of evidence provided:	
<b>Early Years Pupil Premium (EYPP) for 3 and 4 year olds</b>			
For details about the eligibility criteria please speak to your provider or go to <a href="http://www.suffolk.gov.uk/EYPP">www.suffolk.gov.uk/EYPP</a>			
<b>EYPP Non - Economic criteria</b>			
Is your child subject to an adoption, child arrangement, special guardianship or residence order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of evidence provided:	
Or has your child been looked after by the Local Authority for 1 day or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of evidence provided:	
<b>Disability Access Fund (DAF)</b>			
If your child is over 3 and claims Disability Living Allowance (DLA) you can nominate <b>one</b> provider to receive an extra <b>£615 per year</b> from the Disability Access Fund.			
Are you nominating this provider to claim the DAF allowance for your child?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/>
I confirm this provider can claim for the number of hours indicated in row 1.	Yes, I agree <input type="checkbox"/>
I understand any information recording my child's development or learning can be passed on to the next provider or school.	Yes, I agree <input type="checkbox"/>
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 <input type="checkbox"/> or not applicable <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>
1 <sup>st</sup> Term being Funded	
Authorised by Parent/Carer (PRINT)	
Signed (or state <b>returned by email</b> )	
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 2<sup>nd</sup> and 3<sup>rd</sup> 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:

2 <sup>nd</sup> Term being funded		3 <sup>rd</sup> 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 <input type="checkbox"/>
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> European ID Card	<input type="checkbox"/> 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 <input type="checkbox"/>
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 <input type="checkbox"/>
Where applicable, I confirm I have verified eligibility for additional funding (2-year-old, extended entitlement, Non-economic EYPP, DAF).			Yes, I agree <input type="checkbox"/>
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 <input type="checkbox"/>
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