

Free Childcare for 2 year olds - Application Form



Please complete in BLOCK CAPITALS

Child and Family Eligibility Criteria

The family or child must meet one of the following criteria. Your eligibility may be checked electronically, however, if we are unable to confirm your eligibility you will be asked to provide recent proof.

Please tick if you meet any of the following criteria (additional evidence is not required):

- Income Support
- Income Based Jobseekers Allowance
- An income-related employment and support allowance
- The Guaranteed element of State Pension Credit
- Child Tax Credit and/or Working Tax Credit, provided the annual gross income is no more than £16,190 as assessed by Her Majesty's Revenue and Customs (HMRC)
- If child is in receipt of Disability Living Allowance
- If the child is looked after by the Local Authority

Please provide evidence to support the following criteria with this application form:

- Universal Credit with an annual net earnings threshold of £ 15,400 (based on calculating earnings on a monthly basis) Please provide a copy of your latest Universal Credit Statement with this application
- If the child has a current statement of special educational needs (SEN) or an education, health and care plan
- Support under part VI of the Immigration and Asylum Act 1999
- If the child has left care through special guardianship or through an adoption or residence order

Please note any evidence provided, will be returned to you.

Parent or Guardian details – All details MUST be completed

Name of Parent or Guardian: _____

Address : _____

_____ Postcode: _____

Relationship to child: _____

Telephone Number: _____ Email address: _____

If you are in receipt of any of the above benefits please provide the following information:

National Insurance Number/ National Asylum Support Services Number

_____ Date of Birth: _____

Child's Details

Name: _____

Date of birth: _____ Gender: Male / Female

Are you applying on behalf of a Parent or Guardian? Yes / No If Yes, please complete:

Name: _____

Address: _____

Postcode: _____

Telephone Number: _____ Email address: _____

Relationship to Parent or Guardian: _____

Early Years Provision

Preferred childcare provider _____

Have you already made arrangements with your preferred childcare provider? Yes / No

If 'Yes' Cumbria County Council will check if the childcare provider has a place for your child/children, if they do not have a place another childcare provider will be approached on your behalf near to where you live and you will be notified.

If 'No' and you are confirmed as eligible, Cumbria County Council will identify a childcare provider near to where you live and you will be notified by letter.

Have you accessed any services at your local Children's Centre? Yes/No

Intention to share information with your local Children's Centre and Health Visitor:

The information you have provided will be given to your local Children's Centre. The Children's Centre would then contact you to provide information about the services they offer that you and your family may be able to access.

If you do not want your details to be shared with the Children's Centre, please tick the box below:

I do not give my permission to share my information with my local Children's Centre

If you do not want your details shared with your Health Visitor, please tick the box below:

I do not give my permission to share my information with my local Health Visitor

Parent/Guardian Declaration

I declare that the above details are true and I understand that any false or incorrect information could lead to funding being withdrawn.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian consent to share information

I give permission for Children's Services to share the information on this form with the nominated childcare setting where my child will be attending.

Parent/Guardian Signature: _____ Date: _____

Return to Children and Families Information Service, Cumbria County Council, Cumbria House, 117 Botchergate, Carlisle CA1 1RD

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