

Early Years Pupil Premium Application Form

for 3 and 4 year olds accessing free early education

Please complete in BLOCK CAPITALS

If you or your child meets any of the following criteria your childcare provider may be entitled to claim extra funding to support your child’s learning and development. The information you provide will be handled confidentially and will only be used to check your eligibility.

Child and family eligibility criteria

Please tick if you meet any of the following criteria:

- the family gets one of the following:
 - o Income-based Jobseeker Allowance
 - o Income-related Income support
 - o Employment and Support Allowance
 - o Support under part VI of the Immigration and Asylum Act 1999
 - o The guaranteed element of State Pension Credit
 - o Child Tax Credit (provided they’re not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
 - o *Working Tax Credit run-on, which is paid for 4 weeks after they stop qualifying for Working Tax Credit
 - o Universal Credit

*If the family is in receipt of Working Tax Credit for more than the 4 weeks ‘run-on’, then the family do not meet the qualifying criteria

- Your child has been looked after by a local authority for one day or more
- Your child has been adopted from care
- Your child has left care under a special guardianship order or residence order

Child details

Name:

Parents details

Name:	
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 or National Asylum Support Service Number:
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Parent Date of Birth:

Provider details

Provider Name:

Town:

Declaration

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information to process an application for Early Years Pupil Premium.

Signature of parent/guardian:

Date:

PLEASE RETURN THIS FORM TO YOUR EARLY YEARS PROVIDER