

**Application Form for a Funded Early Years Place for 2 Year Olds**

**Important**: **All sections must be filled in clearly in** **BLOCK CAPITALS** and must be completed by the

person claiming the qualifying benefit. If you have any questions, please call the Helpline on 0300 123 2224.

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| **1. Details about you** | | | | | | | | | | | | |
| **Legal Surname** | **Legal Forename** | **Title** | **Date of Birth** | **National Insurance Number or**  **National Asylum Support Number** | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**2. Your address:**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child(ren):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number(s): Daytime\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child(ren)’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code\_\_\_\_\_\_\_\_\_

(if different)

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| **3. Details of each dependant child that you wish to claim for in Somerset (include all children):** | | | | | |
| **Legal Surname** | **Legal Forename** | **M/F** | **Date of Birth** | **Office Use Only** | |
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Are you in receipt of Working Tax Credit and earn less then £16,190 per year? Yes/No

Are any of the following in place for the child you are claiming for? Please tick any boxes that apply:

Special Guardianship Order/Residence Order/Adoption Order

Fostering the Child Statement of Special Educational Needs

Name and organisation of professional who supported you with this:

Receives Disability Living Allowance\*

\*If you receive Disability Living Allowance for this child, please make sure you have attached all pages of your award letter from the Department of Work and Pensions. Failure to attach this will delay your claim.

Where did you find out about funding for 2 year olds?

**4. Declaration:** I confirm that the information I have given above is correct. I will tell you immediately if my details (for example address) or my circumstances change.

I wish for Somerset County Council to be able to assess my claim now and in the future via a secure computer link with the Department for Education. I agree that Somerset County Council can use the information I have provided to process my claim for funding for 2 year olds and can contact other sources as allowed by law to verify my initial and continuing entitlement. I understand that my child may be discussed at a healthy child meeting. The information requested will be held securely and will only be disclosed to staff in the Local Authority or partner agencies who have a right of access, as well as, where appropriate, to the Department for Education, Ofsted and Capita Children’s Services. This will include registering your details with the local Children’s Centre for funding for 2 year olds. If a disclosure elsewhere becomes necessary, we will contact you before doing this. When no longer required, it will be disposed of in a manner appropriate to its sensitivity.

**Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return this form to: Entitlements Team, County Hall, Taunton, TA1 4DY**

**Office Use Only**

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| **ECS** | | **Core Data** | **EMS** | **Letter sent** |
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