

FREE NURSERY FUNDING FORM FOR TWO YEAR OLDS

Please only use full legal names when completing this form, including middle names. Complete both parts.

1. Details of the parent/legal guardian: (Applicant's details)

Title:	Surname:		
Forename(s):	Date of Birth:		
Address:			
Postcode:	Home Tel No:	Mobile:	
Relationship to Child:	National Insurance No:		
(National Asylum Support Service (NASS) reference number)			

2. Spouse/partner's details:

Title:	Relationship to Child:		
Forename(s)	Surname		
Date of Birth:	National Insurance No:		
(Or National Asylum Support Service (NASS) reference number)			

3. Child's details:

Forename:	Legal Surname:	Date of Birth	Gender:	
			Male	Female

The section below is to be used by the outreach workers from children centres, health visitors or social workers to authorise SEN/LAC funding if applicable or to apply for up to 15 hours of Discretionary funding per week of Early Education.

Completion of this form to request a Discretionary funded place does not guarantee a funded place will be authorised.

Referrer's Name: (printed)		Referrer's designation:	
Referrer's Signature:		Office number:	
Email address:		Mobile:	
Children centre: (involved – if applicable)		CC Outreach worker:	
Please give names, addresses and contact details as appropriate: Child's Health Visitor: Tel No:		Any Other agency working with the family (if known):	
Lead Professional (if applicable) Tel No:			

Data Protection Act 1998:

The Isle of Wight Council is the Data Controller of the information you provide. The information you supply on this form regarding your child may be checked against other information held by the Isle of Wight Council and any other related agency. Your child's information is managed in accordance with the Data Protection Act 1998. This act allows a person to access their own information. If you wish to exercise this right then please write to Senior Lead Officer, Schools & Learning, County Hall, Newport, PO30 1UD

In making this application I agree Isle of Wight Council will use the information provided to process my request for 2 year old early years education and will contact other sources as allowed by law including Department for Work and Pensions (DWP) and/or Her Majesty's Revenue and Customs to verify my entitlement. I also note that the information may also be used for anti-fraud and crime prevention purposes. These details will be used by Isle of Wight Council and the appropriate children's centres in order for my request to be processed and I give my consent for this information to be shared with my local children's centre. I also understand that this information may be used for statistical purposes.

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

I understand that I can contact you and withdraw my consent for you to use this information for these purposes at any times.

Signature of parent or guardian:	Date:
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Please return this form to: Schools Admissions, Floor 4, County Hall, Newport, Isle of Wight, PO30 1UD. (Tel: 01983 823455 or email: school.admissions@iow.gov.uk)

APPLICATION FORM

Free childcare for two year olds - Eligibility evidence check

Appropriate evidence where stated **MUST** be submitted for an application check to be completed.

Please indicate the criteria you meet:		Please tick	For office use only
Families will have to meet specific criteria to be eligible			
Income support	Yes	No	
Income based job seekers allowance	Yes	No	
Universal credit (Evidence: a letter from the Benefits Agency or Job Centre dated within the last eight weeks)	Yes	No	
Income related employment and support allowance	Yes	No	
The guaranteed element of state pension credit (Evidence: A pension Credit M1000 Award Notice)	Yes	No	
Child tax credit (and in receipt of under £16,190 per year)	Yes	No	
Working tax credit with a household income of under £16,190 per year	Yes	No	
Support under part V1 of the Immigration and Asylum act 1999 (Evidence: A home office document confirming asylum seeker status)	Yes	No	
The Child attracts disability living allowance (Evidence – a letter from the Benefits Agency dated within the last eight weeks)	Yes	No	
Places are also free for children who			
Are looked after by the local authority (form to be signed by social worker)	Yes	No	
Have a current statement of special educational needs or an education, health and care plan (Form to be signed by Outreach worker – relevant agency)	Yes	No	
Have left care through a special guardianship or an adoption or residence order (form to be signed by relevant agency)	Yes	No	
For Office Use: (stamp)			
Date Application Received:		Date Application Processed:	
Name of the person who has checked the evidence:		Letter sent (eligibility date)	
Referred to Funding Panel: Yes/No		Date:	
Funding Panel	Received:	Evidence checked by::	Agreed/Refused 2040CWCS

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