



Extended Entitlement Funding Declaration Form Template



Provider Name: *Horrabridge Primary and Nursery School*

Child's Details (to be completed by the parent/carer)

	First Name	Middle Name(s)	Last Name
Legal Name:			
Chosen Name:			
Date of Birth:	___/___/_____	Gender:	Male / Female
Date of Birth Evidence:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Child Benefit Book <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify) _____		
Ethnicity			
Home Language:			
First Language:			
Address:			
		Postcode:	

Extended Entitlement for three- and four-year-olds

Parent/carer National Insurance:	
Extended Entitlement (30 hours) eligibility code: e.g. 12345678912	

Provider Declaration and Data Protection (to be completed by the provider)

I have seen an original document that confirms the child's date of birth

Signature:		Print Name:	
Position:		Date:	

General Data Protection Regulation Consent Form

Your personal data is being used by **Horrabridge Primary & Nursery School** for the purposes of claiming early years funding from Devon County Council. We undertake to ensure your

personal data will only be used in accordance with our privacy notice which can be accessed on the school website.

The information provided will be shared with Devon County Council (DCC) who may share it with the Department for Education, Department for Work and Pensions, neighbouring Local Authorities, Her Majesty's Revenue and Customs and other funded providers that your child attends to confirm their eligibility and enable **Horrabridge Primary & Nursery School** to claim early years funding on behalf of your child.

For more details read [Devon County Council Privacy Notices](#).

Please confirm that you give your consent to **Horrabridge Primary & Nursery School** using your personal data as outlined in our privacy notice, by completing the details below.

I give my consent for **Horrabridge Primary & Nursery School** to use my personal data as outlined in their privacy notice.

Signed:

Print name:

Date of consent

You have the right to withdraw your consent at any time. Should you wish to withdraw consent please contact **Horrabridge Primary & Nursery School** by email -admin@horrabridge-primary.devon.sch.uk

If you wish to exercise any of your rights under the General Data Protection Regulations, please contact our Data Protection Officer at **Horrabridge Primary & Nursery School** by email admin@horrabridge-primary.devon.sch.uk

For more details visit our website.

Declaration (to be completed by the parent/carer)

Please tick to show that you understand and agree with the following conditions of the entitlement to funded early education:

- I confirm that the information I have given on this form is complete and accurate. I will inform my provider if any of these details change.
- I understand that my child's entitlement to early years education will not start until I have provided evidence of their date of birth and proof of eligibility for my child as appropriate and I will provide a copy of this evidence for Devon County Council if requested.
- I confirm that when my child is eligible for the early years education funding, I will tell my provider at the beginning of each funding period how many hours I will be claiming and if my child is attending elsewhere.
- I understand that I cannot be charged for the free entitlement to early years education or have to access other chargeable services including extra hours, lunch etc.
- I will ensure that my child attends regularly and I will inform my provider if my child is unable to attend.
- I understand that if I have given false information on this form, I may be asked to reimburse the provider.
- I understand that personal information on this form is held on a secure database by Devon County Council for the duration of the time that my child receives education related funding from Devon County Council. Eligibility checks for funding will be made at regular intervals and the results shared with the providers that your child attends.

Declaration: I confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise funding to be claimed, as agreed above, on behalf of my child.

Parent/carer/Guardian with legal responsibility	
Signed	
Print name	
Date	