

2 YEAR OLD PARENT / CARER AUTHORISATION FORM (PAF 2)

For 2 year olds who meet the eligibility criteria

PARENT/CARER TO COMPLETE THIS PAGE (PAGE 1)

1. CHILD'S DETAILS

Please complete this form so that your child's pre-school playgroup, childminder or school can claim for the free Early Education funded hours he or she is attending this term.

Child's Legal Surname:	Child's Legal Forename:	Middle Names:	Gender: (Please Circle)
			Male / Female / Not Specified
Address:			Postcode:
Date of Birth:	DD	MM	YYYY
			Ethnicity Code:

On registration at the setting, please show your early education provider evidence of your child's date of birth. An original Birth Certificate is preferable, otherwise a current Passport, Health Record or European ID Card.

2. PARENT/CARER'S DETAILS

The Parent/Carer's details are needed for verification of eligibility for 2 year old funding.

Parent/Carer's Full Name	Parent/Carer's Date of Birth	Parent/Carer's National Insurance Number
	DD MM YYYY	

3. FUNDED HOURS

Your child can have up to a maximum of 15 funded hours per week. Please enter the funded hours that your child is attending at all providers (including school nurseries and those in other counties) at a maximum of 2 settings only.

	MON Hours	TUE Hours	WED Hours	THU Hours	FRI Hours	Total funded hours per week
a) Funded hours attending per week at this provider						
b) Other provider (if applicable) – please indicate the name of the second provider , and the number of funded hours you will be claiming there.						
Second Provider: _____	Total funded hours claimed per week (a+b):					

STRETCHED FUNDING – This provider is offering stretched funding and I have requested this for my child.
(Please place an X if this is the case for your child).

My child is claiming _____funded hours per week stretched over _____weeks.

4. PARENT / CARER AUTHORISATION (Please only sign once per term)

I confirm that all the Provider/s / Schools and funded hours my child attends are shown above. I authorise this provider / childminder/ school to claim for the number of hours shown in row a) above. I confirm that I agree for any written records on my child's development or learning to be passed on to the next provider, childminder or school.

Name of Parent /Carer (Block Capitals): _____		
Term: Summer 2015	Signature of Parent/ Carer: _____	Date: _____
By signing below, I confirm that the details and hours shown on the form above remain the same as last term .		
Term: Autumn 2015	Signature of Parent/ Carer: _____	Date: _____
By signing below, I confirm that the details and hours shown on the form above remain the same as last term .		
Term: Spring 2016	Signature of Parent/ Carer: _____	Date: _____

It is a criminal offense to make false claims for funding, and any suspected false claims will be treated seriously and the appropriate action will be taken.

5. PROVIDER INFORMATION

Name of Provider/ Childminder/School:	
Provider's SEEGs Number/School Number:	
Child's Full Legal Name:	

6. DATE OF BIRTH EVIDENCE

Date of birth evidence **has to be seen on initial registration** of the child with the provider.

I have seen the following evidence of the child's date of birth, on registration at this setting:

Birth Certificate Passport Child Health Record European ID Card

Please record the Reference Number of date of birth evidence seen:

7. ELIGIBILITY FOR 2 YEAR OLD FUNDING

Please tick all boxes that apply to the 2 year old funding eligibility criteria:

ECO – Economic Criteria	
LAA – Looked After Child or adopted from care	
HSD – High level SEN or disability	
CP/CiN – Child Protection / Child in Need	

8. PROVIDER DECLARATION

I have verified the information provided by the parent / carer on the front of this form, against the date of birth evidence, and also confirm that no more than 15 hours free early education will be taken per week this term. I confirm that the information given above is correct and that the named child is eligible for early education funding during the term/s shown on the front of the form.

Additionally, I confirm that I have checked the proof of eligibility criteria for the 2 year old funding and have retained a copy of the evidence seen (please place an X if this is the case)

OR
I have the parent's reference number and have verified it at www.suffolk.gov.uk/two

OR
I called the Families Information Service (FIS) and was given the reference number
by (name of FIS worker)

Term: Summer 2015:

Signature:
Name (Block capitals):
Position: Date:.....

By signing below I confirm that the details and hours on the other side of the form remain the same as last Term:

Term: Autumn 2015

Signature:
Name (Block capitals):
Position: Date:.....

By signing below I confirm that the details and hours on the other side of the form remain the same as last Term:

Term: Spring 2016

Signature:
Name (Block capitals):
Position: Date:.....

It is a criminal offense to make false claims for funding, and any suspected false claims will be treated seriously and the appropriate action will be taken.