

Application for a 2 year old funded nursery place

Child's Surname:	Child's Forename :	Child's DOB:
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PARENT/ CARER DETAILS (must be completed so that we can check eligibility)

Title: Mr / Mrs / Miss / Ms	Surname:	Forename:
Address:		
Postcode:	Telephone:	
Parent/ carer DOB		
National Health Service Number		
National Insurance Number		
Benefit reference number (if applicable)		
Preferred nursery setting		

PARENT/ CARER BENEFIT ENTITLEMENT

Either **Criteria 1** or **Criteria 2** must apply at the time of application to be eligible for funding, please tick as appropriate:

Criteria 1

Do you receive income support or income based job seekers allowance?	
Do you receive income-related employment and support allowance (ESA)?	
Do you receive support through Part VI of the Immigration & Asylum Act 1999?	
Do you receive the guaranteed element of the state pension credit?	
Do you receive child tax credit and have an annual income not over £16,190 (as determined by HMRC) and working tax credit is NOT being received?	
Do you receive working tax credit "run on" (A 4 week payment when your employment has ceased or working hours reduced below 16)?	
Do you get universal credit?	

Criteria 2

Do you get working tax credit and earn no more than £16,190 a year ((as determined by HMRC) <i>(A copy of your latest award notice from HMRC must be enclosed to enable your application to be processed)</i>	
Does your child get disability living allowance? <i>(A copy of your latest award notice from HMRC must be enclosed to enable your application to be processed)</i>	
Does your child have a current statement of special educational needs (SEN) or an education, health and care plan?	
Has your child left local authority care through a special guardianship or an adoption or residence order?	
Is this application for a child who is looked after by a local authority?	

Parent Declaration

<input checked="" type="checkbox"/> I declare that the information provided on this application form is correct. <input checked="" type="checkbox"/> I understand that knowingly giving false information could lead to funding being withdrawn. <input checked="" type="checkbox"/> I understand that Herefordshire Council will use the information to process this application for funding and may contact other sources as allowed by law to verify these details. <input checked="" type="checkbox"/> I understand all information handled by Herefordshire Council is in accordance with Data Protection Act 1998. <input checked="" type="checkbox"/> I understand that the information provided may be subject to monitoring and recording only for purposes permitted by the Telecommunications (Lawful Business Practice)(Interception of

Communications) Regulations 2000 in order to prevent or detect a crime, or investigate or detect the unauthorised use of a service.

I understand that the personal information provided will only be shared for planning the provision of service, providing the service, informing you about Council services, seeking your views and to enable auditing of Council activities.

I give my consent for the use of this information to source the NHS number and its use as may be required by the Care Act 2014 for Better Care Fund.

Signature of Parent		Date	
Please Print Name			