

## 2 Year Old Early Years Education Request Form

### Section 1 – Child’s details

Child’s forename:	Child’s Surname:
Date of birth:	Gender:            Male / Female
Address:	
Tel:	Postcode:

### Section 2 – Eligibility

Children must meet either criterion **A or B** below to be eligible for 2 Year Old Early Years Education from September 2013:

**Tick one**

<p><b>A. Children whose parents/guardians are in receipt of one or more of the following benefits:</b> (This parent/guardians details must be given in Section 3)</p> <ul style="list-style-type: none"> <li>• Income Support</li> <li>• Income-based Job Seekers' Allowance</li> <li>• Income-related Employment and Support Allowance</li> <li>• Support under Part VI of the Immigration and Asylum Act 1999</li> <li>• The Guaranteed element of State Pension Credit</li> <li>• Child Tax Credit, provided you are <b>not</b> also entitled to Working Tax Credit, and have an annual gross income, of no more than £16,190 as assessed by Her Majesty's Revenue and Customs</li> </ul>	
<p><b>B. Children looked after by the Local Authority:</b> Child in Care (Request <b>MUST</b> be completed by child’s Social Worker)</p>	

### Section 3 – Parent / Guardian details

Parent/ Guardian details will be used to confirm child’s eligibility under criterion A using the Department for Education (DfE) Eligibility Checking Service.

Parent /Guardian Forename:	Parent/Guardian Surname:
Address: (If different to child's)	
Date of birth:	Postcode:
National Insurance No: Or NASS No:	Relationship to child:
Tel / Mobile:	Email:

**Section 4 – Family/household details**

<b>Additional Parent / Carer</b>			
Full name	Date of birth	Relationship to child	
<b>Other children – please include all children within the household and details of any pregnancy</b>			
Full name	Date of Birth or EDD unborn baby	M / F	School / preschool / nursery attended
<b>Other people living in the family home</b>			
Full name	Relationship to parent/carer		

**Section 5 – Family Support**

Families receiving 2 Year Old Early Years Education will be offered support from their local children’s centre. They may choose whether or not to accept this support.

Does the family currently use a children’s centre?		Yes / No
If ‘yes’, name of children’s centre:		
eStart number (if known):		
Is there already an identified need / interest for family support?		Yes / No / Unsure
<input type="checkbox"/> Three or more children under five	<input type="checkbox"/> Speech & Language needs / English as Additional Language	<input type="checkbox"/> Asylum seeking / refugee families
<input type="checkbox"/> Teenage parent	<input type="checkbox"/> Child with development / learning delay	<input type="checkbox"/> Black and Minority Ethnic (BME) families
<input type="checkbox"/> Parent with health issues / disability	<input type="checkbox"/> 2 Year Old Child with disability	<input type="checkbox"/> On Child Protection Register
<input type="checkbox"/> Parent experienced domestic violence	<input type="checkbox"/> Experiencing emotional / behavioural problems	<input type="checkbox"/> Sibling with disability
<input type="checkbox"/> Parent experienced substance misuse issues	<input type="checkbox"/> Child in temporary accommodation	
<input type="checkbox"/> Lone parent	<input type="checkbox"/> Child involved with social services	

**Family Support Request**

Please provide a brief summary of support which has already been offered:  
(include details of any assessments)

Please provide a brief summary of family issues / support required:  
(including any cultural, environmental and social considerations)

**Other agencies currently involved with the family**

Family doctor:	Telephone:
Health visitor:	Telephone:
Other agencies:	Contact details:
If more than one agency involved, has a CAF been considered? Yes / No If 'No', why not?	

**Section 6 – Early Years Education Provision**

Families will be sent a list of providers approved to deliver 2 Year Old Early Years Education

Is your child currently attending early years provision?	Yes / No
<i>If 'Yes' we need to know what setting and the date the child started before authorising any funding as not all providers currently deliver the offer.</i>	
Provider:	Date child started:

**Section 7 – Referrers details**

Name:	Job Title / Agency:
Telephone number:	Email:
Address of referring agency:	
Are there any issues to be considered before contacting / visiting this family? <i>For example, domestic violence or large animals? If so, please attach details</i>	
Yes / No	
<b>Parents/carers of children confirmed as eligible for 2 Year Old Early Years Education will be sent a list of locally approved providers and their contact details, in order to make arrangements themselves for a placement</b>	
1. Will this family be able to make contact with providers to find an early years placement?	Yes / No
2. <b>Referrers are asked to support &amp; check parents/carers have arranged a placement.</b> Confirm you will follow-up with this family and that they have taken the steps required.	Yes / No
3. If 'no' to the above does this parent/carer require additional support to contact approved providers? <i>If yes, we will notify our CFIT outreach worker to provide support.</i>	Yes / No
Referrers signature:..... Date:	

**Section 8 – Parent / Guardian declaration**

I agree that Hampshire County Council will use the information provided to process my claim for 2 Year Old Early Years Education and will contact other sources as allowed by law to verify my entitlement. I agree that the information may be used to ensure accuracy of records across the local authority and the check against fraud. 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 my details will be held securely, in accordance with the principles of the Data Protection Act 1998. These details will be used by Hampshire County Council and the appropriate children's centres in order for my referral to be evaluated and I give my consent to information relating to this request for support to be shared with my local children's centre and other appropriate agencies. I also understand that this information may be used for statistical purposes.

If you agree to being contacted for other purposes, please tick here

Parent/guardian signature:..... Date:

**Please return this form fully completed to the relevant Services for Young Children (SfYC) local office:**

<b>Basingstoke &amp; Deane</b> SfYC Mayhill Junior School The Bury Odiham Hook RG29 1NB	<b>East Hampshire</b> SfYC Bushy Leaze Children and Families Centre Eastbrooke Road Alton GU34 2DR	<b>Eastleigh &amp; Winchester</b> SfYC The Aviary Children's Centre Blackbird Road Eastleigh SO50 9JW	<b>Fareham &amp; Gosport</b> SfYC Haven Children's Centre Harris Road Gosport, PO13 0UY
<b>Hart &amp; Rushmoor</b> SfYC Children's Services Fleet Local Office Birch House Barley Way Fleet GU51 2YB	<b>Havant</b> SfYC Mill Hill Children's Centre Mill Road Waterlooville PO7 7DB	<b>New Forest</b> SfYC Ashurst Child & Family Health Centre Lyndhurst Road Ashurst SO40 7AR	<b>Test Valley</b> SfYC Beech Hurst Weyhill Road Andover SP10 3AJ