

Early Years Pupil Premium (EYPP)

Eligibility checking form



The Early Years Pupil Premium (EYPP) is additional funding for early years providers to improve the education for three- and four-year-olds whose parents/carers meet the criteria under Section One and/or Section Two below.

SECTION ONE - Benefits

If you receive any of the benefits below please tick the appropriate box

- Income Support
- Income-based Job Seekers' Allowance
- Income-related Employment and Support Allowance (ESA)
- Guaranteed element of State Pension Credit
- Child Tax Credit (not Working Tax Credit) and have a household annual gross income of no more than £16,190, as assessed by Her Majesty's Revenue and Customs
- Working Tax Credit run-on, which is paid for four weeks after you stop qualifying for Working Tax Credit
- Universal Credit
- Support under Part VI of the Immigration and Asylum Act 1999

SECTION TWO - Looked After Children

Tick the box below if the child you are applying for:

- Has been in local authority care for one day or more in England or Wales
- Has been adopted from care in England or Wales
- Has left care under a Special Guardianship Order or a Residence Order in England or Wales

If you have ticked any of the above options you will be required to provide evidence of a court order that proves the child was in local authority care in England or Wales.

SECTION THREE - Personal details

Please write in **BLOCK LETTERS**. Check that all information, spellings and dates are correct.

1. Child's details

First name	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/> (DD/MM/YYYY)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

2. Parent/carer details

First name	<input type="text"/>		
Surname	<input type="text"/>		
Date of birth	<input type="text"/> (DD/MM/YYYY)		
Address	<input type="text"/>		
Postcode	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>		
National Insurance number	<input type="text"/>		
or			
NASS reference number (National Asylum Support Service)	<input type="text"/>		

3. Childcare provider

If your child is already attending a setting please enter the details here.

Name of provider	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>	Telephone	<input type="text"/>

4. Ethnicity of child (Please tick the appropriate box)

- | | | | | | |
|--------------------------|------|----------------------------|--------------------------|------|------------------------------|
| <input type="checkbox"/> | WBRI | White British | <input type="checkbox"/> | MWBC | White and Black Caribbean |
| <input type="checkbox"/> | WIRI | White Irish | <input type="checkbox"/> | MWBA | White and Black African |
| <input type="checkbox"/> | WWEU | White Western European | <input type="checkbox"/> | MWAS | White and Asian |
| <input type="checkbox"/> | WEEU | White Eastern European | <input type="checkbox"/> | MOTH | Any other Mixed background |
| <input type="checkbox"/> | WIRT | Traveller | <input type="checkbox"/> | AIND | Indian |
| <input type="checkbox"/> | WROM | Gypsy/Roma | <input type="checkbox"/> | APKN | Pakistani |
| <input type="checkbox"/> | WOTW | Any other White background | <input type="checkbox"/> | ABAN | Bangladeshi |
| <input type="checkbox"/> | BCRB | Black Caribbean | <input type="checkbox"/> | AOTH | Any other Asian background |
| <input type="checkbox"/> | BGHA | Black Ghanaian | <input type="checkbox"/> | OLAM | Latin/South/Central American |
| <input type="checkbox"/> | BNGN | Black Nigerian | <input type="checkbox"/> | CHNE | Chinese |
| <input type="checkbox"/> | BSOM | Black Somali | <input type="checkbox"/> | WTUK | Turkish |
| <input type="checkbox"/> | BAOF | Black African other | <input type="checkbox"/> | OOEG | Any other ethnic background |
| <input type="checkbox"/> | BOTH | Any other Black background | <input type="checkbox"/> | PNTS | Prefer not to say |

Declaration and consent for information storage and information sharing

I declare that the information I have given here is true and complete. I understand that I will need to reapply for the funding at the beginning of the next academic year, depending on the age of my child.

I agree that you will use the information provided to process my claim for EYPP funding and you will contact other services as allowed by the law to verify my initial and ongoing entitlement.

I understand the information recorded on this form and that it will be stored and used for the purpose of providing services to:

myself or this child, for whom I am parent carer

Do you agree to the information recorded on this form being shared with other services?

Yes No

Signed

Print name Date

DATA PROTECTION ACT 1998: The authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within its authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

I have completed my application form, what happens next?

Once you have completed your application form, please return it to:

FREEPOST RTEE-JCHB-ZEBG
EECP Team
Roehampton and Putney Locality
166 Roehampton Lane
London
SW15 4HR

Please ensure you:

- fold the application form in half and use a C5 (229 x 162mm) envelope to return your application;
- **do not** include any additional documentation, as the extra weight may invalidate the 'Freepost' and will regrettably be 'returned to sender' and cause delay in the application process.

Once we receive your application form it will be date stamped, checked and processed.

The Early Education and Childcare (EECP) team can only assess your eligibility for the Early Years Pupil Premium from the information you have written on your application form, therefore it is important to write clearly.

You will be contacted within 28 days of receipt of your application form to inform you of the outcome of your application.

If you require help completing this application form or have any questions, please contact the EECP team on (020) 8788 8287 or email eeep@wandsworth.gov.uk.

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Child eligibility term	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Autumn
FSM Check Date	<input type="text"/>	(DD/MM/YYYY)	
FSM Officer/Awarding Officer	<input type="text"/>		
Admin Officer Awarded Letter date	<input type="text"/>	(DD/MM/YYYY)	
Not Awarded Letter date	<input type="text"/>	(DD/MM/YYYY)	
Proof provided	<input type="text"/>		
Eligible	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If you have any questions about this form, or if you need it in a different format (for example, large print), please phone (020) 8788 8287 or email eeep@wandsworth.gov.uk