

THE EARLY EDUCATION ENTITLEMENT FOR TWO YEAR OLDS
Application Form (Mar 2018)
Private and Confidential

Child's Details (All fields marked with *are to be completed)				
Forename(s)*		Surname*		
Date of Birth*		Gender * (Male/Female)		Nursery/Child minder/ Pre-school to be attended
Child's Principal Carer / Person with Parental Responsibility (in receipt of qualifying benefit or criteria) All field marked with a * are to be completed to ensure that the application is processed)				
Title*	Forename*	Surname*	Relationship to the child*	Date of Birth*
Home address* (including postcode)				
Telephone Number*			Email address	
National Insurance Number or National Asylum Support Service (NASS) reference number*				
Eligibility Criteria (These are the only criteria that will be accepted when applying for the funding)				
The parent/ carer must be in receipt of at least one of the following benefits (please tick those that apply):				
(You may be asked to provide evidence to support their claim i.e. current bank statement or letter from DWP or HMRC)				
<input type="checkbox"/>	Income Support			
<input type="checkbox"/>	Income-based Jobseeker's Allowance (JSA)			
<input type="checkbox"/>	Income-related Employment and Support Allowance (ESA)			
<input type="checkbox"/>	Universal Credit – If you and your partner are on a low income from work (this usually means a combined income of less than £15,400 a year after tax)			
<input type="checkbox"/>	Tax credits and you have an annual income of under £16,190			
<input type="checkbox"/>	The guaranteed element of State Pension Credit			
<input type="checkbox"/>	Support under Part VI of the Immigration and Asylum Act 1999			
<input type="checkbox"/>	The Working Tax credit 4-week run on (the payment you get when you stop qualifying for Working Tax Credit)			
<input type="checkbox"/>	The child is Looked After by Rutland County Council			
<input type="checkbox"/>	Child has a current Statement of Special Educational Needs (SEN) or an Education, Health and Care (EHC) plan			
<input type="checkbox"/>	Child receives Disability Living Allowance			
<input type="checkbox"/>	Child has left care through under a special guardianship order, child arrangements order of adoption order			
Parent/Carer Signature			Date	
Name of Parent/Carer (Capitals)				

Eligibility check through D of E website			
Date Checked		Eligible	Not Eligible

Please return the completed application form to:
Visions Support Officer
Visions Children's Centre
Catmos Street
Oakham
Rutland
LE15 6HW

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Eligibility Criteria Fulfilled (state reason)	20%		
Accepted for funding	Start date		
Feedback to Parent/Carer	By post/Date sent		By email/Date sent
E-start Updated:			
Child – registered as receiving 2 Year EEF	Date		
Family registered as "Greatest Need":	Date		
Details added to 2 Year Funding database			
Details added to current list of claimant's received from Government	Date		
Name of person processing form:			