

September 2025 – August 2026

Parent Declaration Form for Early Years Entitlement Funding for eligible children

* denotes a mandatory field and must be completed

| | |
|----------------|----------------------|
| Provider Name* | Provider Ofsted URN* |
|----------------|----------------------|

Child Details

| | |
|-------------------|-----------------|
| Legal First Name* | Date of Birth* |
| Legal Surname* | Male / Female * |
| Address* | Residency Code* |
| Postcode* | Ethnicity* |

Eligibility codes (where applicable)

| | | | |
|---|--|--|--|
| 2 year old funding code | | Working Parent Entitlement code | |
| Additional information for Working Parent Entitlement verification | | | |
| Parent NI no. | | Please enter the details for the parent who applied for this funding | |
| Parent Surname | | | |

Early Years Entitlement attendance*

I confirm that my child is attending the above-named provider for the following funded hours per week, per funding period:

| Funding Period | Max total funded hours available with all providers | Delivery method - TTO or AYR* | Hours per week* | Date agreed* |
|----------------------------------|---|-------------------------------|-----------------|--------------|
| Autumn 2025 (1 Sept – 31 Dec) | TTO – 210/ 420 AYR – 192/ 384 | | | |
| Spring 2026 (1 Jan – 31 Mar) | TTO – 165/ 330 AYR – 144/ 288 | | | |
| Summer 2026 (1 Apr – 31 Aug) | TTO – 195/ 390 AYR – 234/ 468 | | | |

| | | | |
|---|----------|------------------------|-----------|
| My child is splitting their entitlement with another early years provider* | Yes / No | Delivery method | TTO / AYR |
|---|----------|------------------------|-----------|

Please note a maximum of 10 hours can be claimed per day in 15-minute increments. You can split your entitlement between no more than 2 providers in one day.

Early Years Pupil Premium (EYPP) Declaration (optional completion for eligible aged, funded children)

If you believe your child may qualify for EYPP please provide the following information for the **main benefit holder** to enable the Local Authority to confirm eligibility. Please tick which criteria you believe you qualify under (see Wiltshire Council website for the criteria or ask your provider):

| Parent Forename | Parent Surname | Date of Birth | National Insurance Number | | | | | | | | | |
|-----------------|----------------|---------------|---------------------------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |

Income Basis ☐ Looked After Child ☐ Adopted from care ☐

Disability Access Fund Declaration (optional completion for eligible aged, funded children)

Children who are in receipt of Child Disability Living Allowance and are receiving the Early Years Entitlement are eligible for the Disability Access Fund (DAF). DAF is paid as an annual fixed lump amount of £938 per eligible child to **one** early years provider.

Is your child in receipt of Disability Living Allowance? Yes / No

If yes, please show your child's DLA award confirmation letter to your chosen early years provider. If your child is splitting their Early Years Entitlement across two or more providers, please nominate the provider where the Local Authority should pay the annual lump sum of DAF:

| | |
|---------------|---------------------|
| Provider Name | Provider Ofsted URN |
|---------------|---------------------|

Parent Declaration*

I understand that if I have given any incorrect or misleading information on this declaration or have claimed more than the maximum entitlement with one or more providers, I may be asked to reimburse the provider(s) or my child's place may be taken away. I understand that if I choose to take less than the full entitlement for my child, I agree that Wiltshire Council has no obligation to provide additional hours to ensure my child receives the maximum entitlement over the year.

I understand and give consent for the information on this form to be used to process any eligibility checks. The Early Years Entitlement information will be used by Wiltshire Council to check and compare data with other Government departments, providers, maintained schools and other local authorities. It will also be used for statistical analysis purposes by the Department for Education, Ofsted, and Wiltshire Council, and processed in accordance with the requirements of the General Data Protection Regulation (GDPR).

Signed: _____ Date: _____ Relationship to child: _____

Information for providers*

This declaration is your evidence of claim and must be retained for 7 years to complete headcount submissions and for future reference, including auditing. Please note that you may be asked by the authority to produce evidence of a claim at any time. When a child who is or becomes eligible for Early Years Entitlement Funding registers with your provision, you must obtain proof of eligibility. Please indicate which documents have been seen by ticking the relevant box below. Please upload a copy of the child's DLA award letter via your Establishment Portal.

Birth Certificate ☐ Passport ☐ DLA award letter uploaded ☐

Position: _____ Signature: _____ Date: _____