

# Free Early Learning for 2 year olds - Application Form



Please complete in BLOCK CAPITALS

## Child and Family Eligibility Criteria

The family or child must meet one of the following criteria. N.B. your eligibility may be checked electronically, however if we are unable to confirm your eligibility you will be asked to provide recent proof.

- Income Support;
- Income Based Jobseekers Allowance;
- An income-related employment and support allowance;
- The Guaranteed element of State Pension Credit;
- Support under part VI of the Immigration and Asylum Act 1999;
- Child Tax Credit, provided the annual gross income is no more than £16,190 as assessed by Her Majesty's Revenue and Customs (HMRC)

Please provide evidence to support the following criteria with your application:

- If you are in receipt of Working Tax credits, provided the annual gross income is no more than £16,190 as assessed by Her Majesty's Revenue and Customs (HMRC)
- If the child is looked after by the Local Authority
- If the child has a current statement of special educational needs (SEN) or an education, health and care plan
- If child is in receipt of Disability Living Allowance;
- If the child has left care through special guardianship or through an adoption or residence order

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## Parent or guardian details – All details MUST be completed

Name of Parent or Guardian: \_\_\_\_\_

National Insurance Number / National Asylum Support Services Number – only required if in receipt of benefits or credits listed above: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

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Child's Details

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Male / Female

Are you applying on behalf of a parent or guardian? Yes / No If Yes, please complete:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Relationship to parent or guardian: \_\_\_\_\_

**Early Years Provision**

Preferred Childcare Provider \_\_\_\_\_

Have you already made arrangements with your preferred Childcare Provider? Yes / No

If 'No' Cumbria County Council will check if the childcare provider has a place for your child/children, if they do not have a place another childcare provider will be approached on your behalf near to where you live and you will be notified.

If you have not specified a Childcare Provider, and you are confirmed as eligible, Cumbria County Council will identify a provision nearest to where you live and you will be notified by letter.

Have you accessed any services at your local Children's Centre? Yes/No

**Intention to Share Information with your local Children's Centre:**

As part of your child being allocated a free two-year-old childcare place, the information you have provided could be given to your local Children's Centre. The Children's Centre would then contact you to provide information about the services they offer that you and your family may be able to access. If you do not want your details to be shared with the Children's Centre, please tick the box below.

I do not give my permission to share my information with my local Children's Centre

**Parent/Carer Declaration**

I am happy for my child to be referred for a free 2 year old place. I declare that the above details are true and I understand that any false or incorrect information could lead to funding being withdrawn.

Parent/Carer: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Carer Consent to Share Information**

I give permission for Children's Services to share the information on this form with the nominated childcare setting where my child will be attending.

Parent/Carer: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to** Free Early Learning for 2 year olds, Learning Improvement Service, Children's Services, Blencathra House, PO Box 110, Whitehaven CA28 0BN