

# Application for Two-Year-Old Funding

When completing this form, please use CAPITAL LETTERS to avoid any delay during processing.

First Name(s)

### Section A - Child's Details

**Date of Birth** 

Gender

	(dd/mm/yy)	
		☐ Male ☐ Female
		Male Female
Sec	n B – Parent/Carer Details	
Surname:		
First name:		
Date of Birth (of Parent/Carer):		
Address:		
Postcode:		
Telephone:		
Email:		
National Insurance Number:		
National Asylum Support Service Number:		
you have received and support to confirmation to the person who helped	ete this application and would like us to please enter their details below:	to email a copy of your fundir
Name:	*	
Email address:		



Surname

# Section C - Additional Criteria

Please tick all criteria that apply:

Looked After Child	
Current Child Protection Plan	
Adoption Order (Copy attached – do not send original documents)	
Special Guardianship Order (Copy attached – do not send original documents)	
Residence or Child Arrangements Order (Copy attached – do not send original documents)	

Please provider your Social Worker's details so we can confirm your child's eligibility.

Name of Social Worker:	
Social Worker Telephone Number:	
Social Worker Email Address:	
An 'Education, Health and Care	Date of issue:
Plan' (EHCP) for your two-year-old child (Copy attached)	Issuing Local Authority:

Your family identify as a Gypsy, Roma or Traveler family	Please apply online to see if you qualify for economic reasons and only complete this application if you are not eligible: <a href="https://eycportal.worcestershire.gov.uk/SynergyWeb_LIVE/twoyearoldfunding.aspx">https://eycportal.worcestershire.gov.uk/SynergyWeb_LIVE/twoyearoldfunding.aspx</a>	
	Your application will be confirmed with the GRT Team.	

# Section D - Non-EEA Citizens Criteria

Criteria	Evidence Required (copies must be attached – do not send original documents)
<ul> <li>Your immigration status includes the condition of 'no recourse to public funds' (NRPF) and</li> <li>You household income is less than £26,500 with 1 child or under £30,600 with 2 or more children</li> </ul>	To evidence your NRPF status:  Biometric Residence card and/or  Share Code for the Online Immigration Checking Service
	To evidence your household income:  Payslip P60 Bank statement Letter from their bank Letter from their employer

### Section E - Parent/Carer Declaration

#### Please sign to confirm to:

Confirm that you have attached any appropriate evidence of your child's entitlement.

Please do not send original documents.

Verify that the information provided on this application is accurate.

Acknowledge that the information provided will be used to process your application for Two Year Old Funding, which will include contacting other sources as allowed by the law to verify your child's initial entitlement and sharing information about your eligibility with third party partners.

Confirm that if our checks indicate that your child is not currently eligible, we are able to store your application and re-process it later to check if your circumstances change.

Confirm that your child's details may be used by Worcestershire County Council for functions other than Two-Year-Old Funding, such as other early years funding or early years monitoring.

Signature of Parent/Carer	
Date	

**Please note:** If you have provided an email address, all future communication will be made by email. Please make sure that your email address is written clearly.

It may take up to **three weeks** to process your application, if you have not heard from us within 3 weeks, please email <u>twoyearoldfunding@worcestershire.gov.uk</u> or phone us on (01905) 844 954.

#### This form must be returned by post to:

Two Year Old Funding Team
Children's Services
Worcestershire County Council
County Hall
Spetchley Road
Worcester
WR5 2NP