



Application for Two-Year-Old Funding

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

Section A – Child's Details

Surname	First Name(s)	Date of Birth (dd/mm/yy)	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Section 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:	

If you have received and support to complete this application and would like us to email a copy of your funding confirmation to the person who helped you, please enter their details below:

Name:	
Email address:	

Section C – Additional Criteria

Please tick all criteria that apply:

Looked After Child	
Current Child Protection Plan	
Adoption Order (Copy attached)	
Special Guardianship Order (Copy attached)	
Residence or Child Arrangements Order (Copy attached)	

Please provide 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 Plan' (EHCP) for your two-year-old child (Copy attached)	Date of issue: Issuing Local Authority:
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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: https://eycportal.worcestershire.gov.uk/SynergyWeb_LIVE/Parents/default.aspx Your application will be confirmed with the GRT Team.
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Section D – Non-EEA Citizens Criteria

Criteria	Evidence Required (copies must be attached)
<ul style="list-style-type: none"> Your immigration status includes the condition of 'no recourse to public funds' (NRPF) and You household income is less than £26,500 with 1 child or under £30,600 with 2 or more children 	<p>To evidence your NRPF status:</p> <ul style="list-style-type: none"> Biometric Residence card and/or Share Code for the Online Immigration Checking Service <p>To evidence your household income:</p> <ul style="list-style-type: none"> 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.
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/ Worcestershire Children First 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 twoyearoldfunding@worschildrenfirst.org.uk or phone us on (01905) 844 954.

This form must be returned by post to:

Two Year Old Funding Team
Worcestershire Children First
County Hall
Spetchley Road
Worcester
WR5 2NP