# Registration 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** |
|  |  |  | Male Female |
|  |  |  | Male 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 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 Plan’ (EHCP) for your two-year-old child** | **Date of issue:****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: <https://eycportal.worcestershire.gov.uk/SynergyWeb_LIVE/Parents/default.aspx> **Your application will be confirmed with the GRT Team.**  |  |

## Section D – Non-EEA Citizens Criteria

|  |  |  |
| --- | --- | --- |
| Criteria | Evidence Required (copies must be attached) |  |
| **You are receiving support under the Immigration and Asylum Act and have EITHER claimed asylum and are awaiting a decision (known as ‘part 6’) OR have been refused asylum in the UK (known as ‘Section 4’).** | * Home Office letter
* Valid ASPEN card
 |  |
| **Your household earnings are less than £15,400 and you have been granted leave to remain in the UK on grounds of private and family life (under Article 8 of the European Convention on Human Rights) with no recourse to public funds.** | * Home Office letter
* Biometric Residence card
* Proof of income
 |  |
| **Your household earnings are less than £15,400 and you have the right to live in the UK because you are the main carer of a British Citizen (known as a ‘Zambrano Carer’).** | * Derivative Residence card
* Proof of legal responsibility for the two-year-old child
* Proof of income
 |  |
| **Your household earnings are less than £15,400 and your child is receiving support from Worcestershire County Council as a ‘child in need’ or has a Child Protection Plan in place.**  | * Details of social worker (entered in the box above)
* Proof of income
 |  |
| **Your family have arrived in the UK under the Ukraine Family Scheme or the Homes for Ukraine Scheme.** | * Biometric Residence card or
* Valid passport stamp
 |  |

## Section E – Parent/Carer Declaration

Please tick 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@worcschildrenfirst.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