

# Parent declaration for the disability access funding (Early Years Education and Childcare)

## 1. Child's details

<b>Child's Legal Family Name:</b>		<b>Child's Legal Forename(s):</b>	
<b>Name by which the child is known:</b> <i>(if different from above)</i>			
<b>Date of Birth:</b> (dd/mm/yyyy)		<b>Male/Female:</b> (M / F)	
<b>Address:</b>		<b>Post Code:</b>	
<b>Sections below to be completed by setting:</b>			
<b>Documentary proof of DoB Type:</b> (eg Birth Cert, Passport)		<b>Document recorded by:</b> (name of staff member)	<b>Date document recorded:</b> (dd/mm/yyyy)

**2. Disability Access Fund Declaration** Three- and four-year old children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child's early years setting as a fixed annual rate of £615 per eligible child.

<b>Is your child eligible and in receipt of Disability Living Allowance (DLA)?:</b>			
<b>Yes</b>		<b>No</b>	
<b><i>If your child is splitting their funded place across two or more providers please nominate the main setting where the local authority should pay the DAF:</i></b>			
Please ensure you include a copy of the Disability Living Allowance award letter with the form when you return it to Early Years. Please send a copy of this form and a copy of the eligibility letter to <a href="mailto:eyheadcount@medway.gov.uk">eyheadcount@medway.gov.uk</a> or post to: Clare Hassell, Early Years Pupil Funding Officer, Medway Council, Gun Wharf, Dock Road, Chatham, Kent, ME4 4TR			

## 3. Declaration (by Parent/Carer/Guardian with legal responsibility)

<b>I (name)</b>	
<b>of: (address)</b>	
<b><i>confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise</i></b>	
<b>(name of provider(s))</b>	
<b><i>to claim funding as agreed above on behalf of my child.</i></b>	

In addition, I also agree that the information I have provided can be shared with the local authority and Department for Education, who will access information from other government departments to confirm my child's eligibility and enable this provider to claim Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child.

Parent/Carer/Guardian with legal responsibility		Childcare Provider	
Signed		Signed	
Print name		Print name	
Date		Date	

Please note that information about whether a child is in receipt of Disability Living Allowance is sensitive personal data which should be handled appropriately. Providers are asked to pay particular note to advice from the ICO on holding personal data including sensitive personal data available at: <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/>

Link to the Medway Council General Data Protection Regulation Privacy Notice:  
[https://www.medway.gov.uk/info/200146/about\\_the\\_website/467/how\\_we\\_use\\_your\\_data/2](https://www.medway.gov.uk/info/200146/about_the_website/467/how_we_use_your_data/2)