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| --- | --- | --- | --- |
| A picture containing logo  Description automatically generated | | **Economic Early Years Pupil Premium Declaration Form** |  |
|  | | | |
| **Provider Name:** | Chagford C of E Primary School | | |

**Economic Early Years Pupil Premium Declaration**

Early Years Pupil Premium could bring £300 of funding to your provider to support your child. If you receive one of the benefits below you could attract this funding:

• Income Support

• Income-based Jobseeker’s Allowance

• Income-related Employment and Support Allowance

• Support under part VI of the Immigration and Asylum Act 1999

• The guaranteed element of State Pension Credit

• Child Tax Credit (provided they are not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)

• Working Tax Credit run-on, which is paid for 4 weeks after they stop qualifying for Working Tax Credit

• Universal Credit –parents must have an annual net earned income equivalent to and not exceeding £7,400 assessed on up to 3 of the most recent assessment periods.

The Early Years Pupil Premium is paid to the child’s early years provider based on the number of universal entitlement hours that the child is attending at a rate of 53p for each hour. A child that takes the full 570-hour entitlement will attract just over £300 which will be paid to the provider to support that child’s learning and development.

**We need the following personal information to check if you are eligible.**

**Child’s Details** (to be completed by the parent/carer)

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Name:** | **First Name** | **Middle Name(s)** | **Last Name** |
|  |  |  |
| **Date of Birth:** |  |

**Parents Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Last name:** | **Parent/Guardian 1** | | | | | | | | | | | | | | | | | | | | **Parent/Guardian 2** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **First Name:** |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Date of Birth** | D | | | | | | M | | | | | | Y | | | | | | | | D | | | | | | M | | | | | | | Y | | | | | | | |
| **National Insurance Number:** |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | | |  | |  | |  | |
| **National Asylum Support Service (NASS) Number:** |  |  | | **/** | |  | | |  | | **/** |  | |  | |  | |  | |  |  |  | | **/** | |  | | |  | | **/** |  | | |  | |  | |  | |  |
| **Address:** | **Postcode**: | | | | | | | | | | | | | | | | | | | | **Postcode**: | | | | | | | | | | | | | | | | | | | | |

**General Data Protection Regulation Template Consent**

Your personal data is being used by Chagford C of E Primary School for the purposes of claiming Early Years Pupil Premium funding from Devon County Council. We undertake to ensure your personal data will only be used in accordance with our privacy notice which can be accessed on our school website.

The information provided will be shared with Devon County Council (DCC). For more details see [Devon County Councils Privacy Notice](https://new.devon.gov.uk/privacy/privacy-notices/privacy-notice-for-early-years/)

Please confirm that you give your consent Chagford C of E Primary School using your personal data as outlined in our privacy notice and Devon County Councils privacy notice, by completing the table below.

|  |
| --- |
| I give my consent for you to use my personal data as outlined in your privacy notice and [Devon County Councils privacy notice](https://new.devon.gov.uk/privacy/privacy-notices/). |
| **Signed:** |
| **Print name:** |
| **Date of consent:** |

You have the right to withdraw your consent at any time. Should you wish to withdraw consent, please contact Chagford C or E Primary School.

If you wish to exercise any of your rights under the General Data Protection Regulations, please contact our Data Protection Lead – Elaine Lawson.

**DO NOT SEND THIS FORM TO DEVON COUNTY COUNCIL**