

# Parental Statement of Undertaking (PSOU)



Dear Parent/Carer,

The Free Early Education Entitlement (FEEE) allows 15 hours per week of free childcare for eligible 2 year olds and all 3 & 4 year olds, which equates to a maximum of 570 hours per year. If you are eligible for the extended entitlement, this equates to a maximum of 30 hours per week or 1140 hours per year. **Where you are eligible for 2-year old funding or the extended 3 & 4 years entitlement, please ensure you provide your setting with the relevant reference number.**

Please ensure you discuss with your chosen provider(s) about how you can access your funding. Any additional time/charges will have to be paid for at the providers published rate. **Please fill in the details below and return with a copy of your child’s Birth Certificate prior to your start date.**

<b>Provision name:</b>	<b>Childs name:</b>	
<b>Childs date of birth:</b>	<b>Childs start date:</b>	
<b>Childs address:</b>		<b>Childs postcode:</b>
<b>Parent / Carers name:</b>	<b>Relationship to child:</b>	
<b>Contact telephone number:</b>	<b>Email address:</b>	

**FEEE Claim:**

Total number of hours to be attended at the setting <i>(please indicate)</i> :	Mon	Tue	Wed	Thu	Fri	Total hours per week
	..... hrs	..... hrs	..... hrs	..... hrs	.....hrs	
Total number of FEEE hours to be funded by the LA <i>(please indicate)</i> :	Mon	Tue	Wed	Thu	Fri	Total hours per week
	..... hrs	..... hrs	..... hrs	..... hrs	.....hrs	

**If you intend to use another provider, please give details below:**

Provision Name	Start Date	Total number of FEEE hours claimed per week

**Disability Access Fund (DAF):**

3 & 4 year old children in receipt of Disability Living Allowance (DLA) and in receipt of the free entitlement are eligible for the DAF. This is paid at a fixed rate to your nominated childcare setting. You can only nominate one provider. **This will not give you a discount to your payments. You will be asked to provide evidence of your access to DLA.**

Is your child eligible to receive DAF:                      Yes / No

If Yes, which provision would you like to nominate to receive the DAF: .....

**Early Years Pupil Premium (EYPP):**

This is an additional sum of money paid directly to childcare providers, on behalf of children whose parents / carers are in receipt of certain benefits, to enable them to enhance the quality of the early years’ experience. Childcare providers accessing this funding will work with you to look at how best to promote your child’s progress and development. If you believe you may qualify for the EYPP please provide the following information for the main benefit holder to enable the local authority to confirm your eligibility.

Parent / Carer First Name:	Parent / Carer Last Name:
Parent / Carer Date of Birth:	Parent / Carer National Insurance / NASS Number:
Parent / Carer Signature:	

**30 Hours Extended Entitlement:**

Some parents may be able to access up to an additional 15 hours of funded childcare. This will depend on the financial circumstances as this is aimed at working parents. If you believe you may qualify for the extended entitlement you should ensure you check your eligibility by visiting [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk). If you are eligible you will receive a Department for Education Reference Number (DERN). You need to provide this along with the information provided below in order that your provider can validate your DERN number and receive the funding.

Parent / Carer First Name:	Parent / Carer Last Name:
DERN Number:	Parent / Carer National Insurance / NASS Number:
Parent / Carer Signature:	

**Parent / Carer declaration:**

I (name).....

of (address).....

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 (name of provider).....

to claim the FEEE as agreed above on behalf of my child.

In addition, I understand that the information I have provided must be shared with the local authority and the Department for Education, who will access information from other government departments to confirm my child’s eligibility and enable this provider to claim the 30 hours extended entitlement, EYPP or DAF on behalf of my child.

**If your child’s hours change, please ensure you complete a new form immediately. If your child leaves prior to the end of term, and you intend to claim elsewhere, please ensure you inform the setting as soon as possible to allow continuation of funding. You should also ensure you are aware of any notice periods required by the setting.**

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

***For setting use only*** - You may want to record details below of unique references where applicable.

	Reference Number	Date of check(s)	Validity end date
2 year old funding			n/a
3&4 year extended entitlement			(approx. 3 months from date of previous check):
EYPP			(1 year from date of previous check):