

Application Form for the Early Years Pupil Premium

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Important: All sections must be filled in clearly in BLOCK CAPITALS and must be completed by the person claiming the qualifying benefit.

1. Details about you										
Legal Surname	Legal Forename	Title	Date of Birth	National Insurance Number or National Asylum Support Number						

2. Your address:

Address: _____

Post Code _____ Relationship to child(ren): _____

Telephone Number(s): Daytime _____ Mobile _____

Child(ren)'s Address: _____ Post Code _____
(if different)

3. Details of each dependant child that you wish to claim for in Somerset (include all children):					
Legal Surname	Legal Forename	M/F	Date of Birth	Office Use Only	

Are any of the following in place for the child you are claiming for? Please tick any boxes that apply:

Special Guardianship Order/Family Arrangement Order/Adoption Order

Somerset County Council Looked After Child

Name and organisation of professional who supported you with this:

4. Declaration: I confirm that the information I have given above is correct. I will tell you immediately if my details (for example address) or my circumstances change.

I wish for Somerset County Council to be able to assess my claim now and in the future via a secure computer link with the Department for Education. I agree that Somerset County Council can use the information I have provided to process my claim for the Early Years Pupil Premium and can contact other sources as allowed by law to verify my initial and continuing entitlement. The information requested will be held securely and will only be disclosed to staff in the Local Authority or partner agencies who have a right of access, as well as where appropriate to the Department of Education, Ofsted and Capita Children's Services. I understand my childcare provider(s) will be notified of my entitlement to the Early Years Pupil Premium. If a disclosure elsewhere becomes necessary, we will contact you before doing this. When no longer required, it will be disposed of in an appropriate manner.

Your signature: _____ Date: _____

Please return this form to: Entitlements Team, County Hall, Taunton, TA1 4DY

Office Use Only

ECS	Core Data	EMS	Letter sent