

**Funded Early Education Extended Entitlement for 9-month-olds to 4 Year Olds**

**EXPANDED / EXTENDED OFFER FOR FOSTER CARER**

**Parental Application Form**

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| To be completed by Foster Carer alongside their Supervising Social Worker |

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| **FOSTER CARER DETAILS 1** | | | | | | | | | | | | | | | | | **FOSTER CARER DETAILS 2** | | | | | | | | | | | | | | | | |
| TITLE |  | | | | | | | | | | | | | | | | TITLE |  | | | | | | | | | | | | | | | |
| FORENAME(S)  Per Birth Certificate  or Passport |  | | | | | | | | | | | | | | | | FORENAME(S)  Per Birth Certificate  or Passport |  | | | | | | | | | | | | | | | |
| SURNAME  Per Birth Certificate  or Passport |  | | | | | | | | | | | | | | | | SURNAME  Per Birth Certificate  or Passport |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS |  | | | | | | | | | | | | | | | | ADDRESS |  | | | | | | | | | | | | | | | |
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| POSTCODE |  | | | | | | | | | | | | | | | | POSTCODE |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH (DD/MM/YYYY) |  | |  | |  | |  | |  | |  | |  | |  | | DATE OF BIRTH (DD/MM/YYYY) |  | |  | |  | |  | |  | |  | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NATIONAL INSURANCE NUMBER / NASS NUMBER |  |  | |  | |  | |  | |  | |  | |  | |  | NATIONAL INSURANCE NUMBER / NASS NUMBER |  |  | |  | |  | |  | |  | |  | |  | |  |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| EMPLOYMENT STATUS (PLEASE TICK ONE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYED | | | | | | | | | | | |  | | | | | EMPLOYED | | | | | | | | | | | | | | |  | |
| SELF EMPLOYED | | | | | | | | | | | |  | | | | | SELF EMPLOYED | | | | | | | | | | | | | | |  | |
| UNEMPLOYED | | | | | | | | | | | |  | | | | | UNEMPLOYED | | | | | | | | | | | | | | |  | |

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| **ELIGIBILITY CRITERA (PLEASE TICK THE CRITERIA MET)** | |
| That accessing the extended hours is consistent with the child’s care plan, placing the child at the centre of the process and decision making; and |  |
| That, in single parent foster families, the foster parent engages in paid work outside their role as a foster parent; or |  |
| In two parent foster families, both partners engage in paid work outside their role as a foster parent. If one partner is not a foster parent then they must be in qualifying paid work and earn a minimum of the equivalent to 16 hours per week at national minumum/ national living wage |  |

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| **CHILD’S DETAILS** | | | | | | | | | | | | | |
| FORENAME (S)  Per birth certificate or passport |  | | | | | | | | | | | | |
| SURNAME  Per birth certificate or passport |  | | | | | | | | | | | | |
| NAME KNOW AS  If different from above |  | | | | | | | | | | | | |
| DATE OF BIRTH (DD/MM/YYYY) |  |  | |  | |  |  | |  | |  |  | |
| GENDER |  | | | | | | | | | | | | |
| ADDRESS  (If different from parent) |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| POSTCODE |  | | | | | | | | | | | | |
| Funding Type applied for - Please Tick | 9 – 23 months (Expanded) | |  | | 2 Year Funding (Expanded) | | |  | | 3 to 4 Year (Extended) | | |  |

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| **Please read these statements carefully and confirm by signing** | | |
| **Parent/Carer Guardian** | | |
| * If my child qualifies for the Extended Entitlement, this can be accessed in the term after I receive the Eligibility Code from the Local Authority * The Local Authority will reconfirm the eligibility code on a termly basis. * The authority will inform me (Foster Carer) if they fall out of the eligibility for 15/30 hours. | | |
| **I confirm that** | | |
| * The information I have provided above is complete, accurate and true. * I understand that if I have given any false information I may be asked to pay back the provider for the cost of the funded place. * I agree that the information I have provided can be shared with Leicester City Council and Department for Education who will access information from other government departments to:   + Confirm my child’s eligibility and validate the 15/30 hours FEEE Eligibility code. | | |
|  | Signature of Foster Carer 1 | Signature of Foster Carer 2 |
| Relationship to Child |  |  |
| Date |  |  |

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| **FOR OFFICE USE ONLY** | |  | |
|  | SUPERVISING SOCIAL WORKER | | AUTHORISING OFFICER (TEAM MANAGER FOSTERING) |
| NAME |  | |  |
| CONTACT TELEPHONE NUMBER |  | |  |
| SIGNATURE |  | |  |
| DATE |  | |  |
| SENT TO Funding & Grants – FEEE Team |  | | |