

STAFFORDSHIRE COUNTY COUNCIL

Claim for Early Years Pupil Premium – BLANK FORM

All columns must be completed - funding will not be paid for any child whose data is incomplete

Establishment name: Provider ID no.: Term: 20__

Contact name and telephone number (in case of query):

Under the terms and conditions of the [Data Protection Act 2018](http://www.data.gov.uk/data-protection-act-2018) it is essential that you have received consent from the person with parental responsibility/legal guardians on the Parent Declaration (www.staffordshire.gov.uk/parentdeclaration) for all children claiming EYPP to give Staffordshire County Council consent to process their personal information.

****Complete this section only for children who meet this criteria for EYPP**

- Have been Looked After by any Local Authority for at least one day
- Have been adopted from care
- Have left care through Guardianship
- Are subject to a child arrangement order

****IMPORTANT-Please note: You will be required to gain proof of the child’s status from the parent/ carer and submit a copy with this form. Without this proof, the application cannot be processed.**

CHILD’S FULL NAME	CHILD’S DOB DD /MM /YYYY	PARENT/CARER/PROFESSIONALS NAME	PLEASE STATE WHICH CRITERIA APPLIES (from list above)

Return completed form by email to :- eeac@staffordshire.gov.uk