

# STAFFORDSHIRE COUNTY COUNCIL

## Claim for Early Years Pupil Premium – BLANK FORM (Page 2)

**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 1998 it is essential that you have received consent from the person with parental responsibility/legal guardians on the Privacy Notice form (Part C) 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)