

Application Form for a Funded Early Years Place for 2 Year Olds



Somerset
Council

Important: All sections must be filled in clearly in BLOCK CAPITALS and must be completed by the person claiming the qualifying benefit. If you have any questions about this form, please call the Helpline on 0300 123 2224 or **complete the online application form at www.somerset.gov.uk/2yo**

1. Details about you

Legal Surname	Legal Forename	Title	Date of Birth	National Insurance Number or National Asylum Support Number								

2. Contact Details:

Address: _____

Post Code: _____ Relationship to child(ren): _____

Contact e-mail address (Please PRINT): _____

Confirm e-mail address (Please PRINT): _____

Telephone Number(s): Daytime: _____ Mobile: _____

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

3. Details of each dependent child that you wish to claim for in Somerset (include all children):

Legal Surname	Legal Forename	M/F	Date of Birth	Do you have Parental Responsibility?	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

Fostering the Child Education, Health & Care Plan

Name and organisation of professional who supported you with this:

Receives Disability Living Allowance*

*If you receive Disability Living Allowance for this child, please make sure you have attached all pages of your award letter from the Department of Work and Pensions. Failure to attach this will delay your claim.

Where did you find out about funding for 2 year olds?

Please read the privacy note on the back of this form before signing below.

4. Declaration: I confirm that the information I have given above is correct and that I have read and understand the privacy notice. I will tell you immediately if my details (for example address) change. I agree for Somerset Council to be able to assess my claim now and in the future via a secure computer link with the Department for Education.

Your signature: _____ Date: _____

Please return this form to: fsm@somerset.gov.uk or post to Entitlements Team, County Hall, Taunton, TA1 4DY

Office Use Only

ECS	Core Data	EMS	Letter sent

Privacy notice:

Notification regarding the processing of personal data supplied on this form

Data Controller – Somerset Council (SC)

Data Protection Officer contact – informationgovernance@somerset.gov.uk

Purpose for processing – The information requested will be used for processing your child(ren)'s funding for 2 year olds claim.

Legal basis for processing – We are processing your personal data because we are required to do so by law.

By Law – Childcare Act 2006

Legitimate Interests – SC will also use your data for the purposes of monitoring quality, audit and for dealing with any enquiries or complaints.

Data Sharing – the personal data provided will only be disclosed to staff in the Local Authority who have a right of access and where appropriate, any early years setting that your child(ren) attends as well as Somerset Councils software supplier and the Department for Education.

Transfers abroad – this data is held within the EU and is accessible by the approved application provider.

Data Retention – the personal data supplied on this form will be retained for as long as is necessary to meet our statutory requirements and legitimate interests and it will be disposed of in a manner appropriate to its sensitivity.

Your Rights – You have the right to ask Somerset Council to a copy of your data, the right to rectify or erase your personal data, and the right to object to processing.

However, these rights are only applicable if the Council has no other legal obligation concerning that data. You also have the right to complain to the regulator, <https://ico.org.uk/>

Consequences: If you do not supply this information to us, we will not be able to do process your application for funding for 2 year olds.

For more information see www.somerset.gov.uk/privacy