

# Apply for free childcare for foster children

This form is for foster parents to complete if they wish a child they care for (who is between 9 months and the age at which 24U funding starts) to attend a Shropshire Early Years setting and access a free childcare place – AND/OR to apply for Early Years Pupil Premium funds to be released to the Early Years setting the child attends.

Please see link to guidance for further information:

<https://assets.publishing.service.gov.uk/media/65d35df9e1bdec773732227c/Free_childcare_for_eligible_working_parents_of_children_in_foster_care.pdf>

**Early Years Pupil Premium (EYPP)** - It is **essential** that this form is completed in order that the child’s EYPP funding can be released to their Early Years setting. Without this form the Early Years Funding Team are unable to process this payment. Foster parents (like all other parents) are required to reconfirm their eligibility every 3 months.

Speak to the child’s social worker before applying. This might be part of a discussion at a meeting eg CLA Review. If the child’s social worker agrees, complete this form.

**PLEASE NOTE:**

* The child in foster care does not have to take up the full free hours.
* 2-year-olds in foster care are eligible for the 15-hour free entitlement for disadvantaged 2 year-olds regardless of the working status of their foster parents.
* All 3 and 4-year olds (including those in foster care) are eligible for the universal 15 hours free hours regardless of the working status of their foster parents.

[Childcare funding | Shropshire Council](https://www.shropshire.gov.uk/early-years-and-childcare/parents-and-carers/childcare-funding/)

Once you (and any partner) have completed and signed the form, it must be sent to the child's social worker for countersigning.

If your application is successful, you will get your eligibility code from the Early Years team.

This form is only for foster parents. If you are applying for your own children use the childcare service [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk) .

## Section 1 – About you

1.1 Your details:

|  |  |
| --- | --- |
| **Title** |  |
| **First name** |  |
| **Last name** |  |
| **Date of birth (DD/MM/YYYY)** |  |
| **National Insurance number** |  |
| **Address** |  |
| **Postcode** |  |
| **Email address** |  |

We need your address and email to send your free childcare eligibility code.

Please tick the relevant box for each question.

1.2 Are you a foster parent of the children named in this form?

Check boxYes

check boxNo

1.3 Do you and the children live in England?

check boxYes

check boxNo

If no, speak to your local council about what childcare schemes are available in your area.

1.4 Are you a British/Irish national?

check boxYes

check boxNo

1.5 If you have answered “no” to 1.3:

Have you acquired settled or pre-settled status through the EU Settlement Scheme (EUSS);

Have you made an application through the EUSS and are waiting for a decision, or;

Are you appealing a decision on your EUSS application?

1.6 Are you subject to immigration rules that prevent you from receiving public funds?

check boxYes

check boxNo

**Section 2 – what are you applying for**

2.1 Are you using this form to apply for:

|  |  |
| --- | --- |
| 30 Hours Childcare\* | (go to section 3) |
| Early Years Pupil Premium (EYPP) | (go to section 6) |
| Both of the above | (go to section 3) |
| \*If you’re not requesting to claim the full 30 hours, please state the number of hours that you wish to claim: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

## Section 3 – your employment details

3.1 Are you employed or self-employed outside your fostering responsibilities?

check boxYes

check boxNo

You can still answer yes if you are employed or self-employed but not currently working (for example, if you are on parental leave or sick leave), or if you expect to start or re-start work in the next 31 days.

3.2. Do you expect to earn more than £100,000 in this tax year (April to March)?

(If your income is over this amount you cannot get the working parent free childcare entitlement).

check box
Yes

No



3.3 If you are **not** employed outside your fostering responsibilities, select any that apply to you:

check box For Universal Credit purposes, I am assessed as having limited capability for work

check box I receive National Insurance credits because of incapacity or limited capability for work

check box I receive a Carer’s Allowance

check box I receive an Employment and Support Allowance

check box I receive Incapacity Benefit

check box I receive a Severe Disablement Allowance

If you get one of these benefits you may still be able to get the working parent free childcare entitlement if you have a partner who holds additional employment outside their role as foster carer.

3.4 Do you have a partner who lives with you?

check boxYes

check boxNo

A person is your partner if you are married or in a civil partnership, and live together in the same household, or a couple who live together as if you are married or in a civil partnership.

If **Yes**: go to section 4.

If **No**: skip to section 6.

## Section 4 – your partner

4.1 Your partner’s details

|  |  |
| --- | --- |
| **Title** |  |
| **First name** |  |
| **Last name** |  |
| **Date of birth (DD/MM/YYYY)** |  |
| **National Insurance number** |  |

4.2 Is your partner also a foster parent?

check boxYes

check boxNo

If **Yes**: go to section 5.

If **No**: please contact your local authority (see page 1) who will help you further.

## Section 5 – partner’s employment details

5.1 Is your partner employed or self-employed outside their fostering responsibilities?

Check boxYes

Check box No

You can still answer yes if they are not currently working. For example, they are on parental leave or sick leave, or expect to start or re-start work in the next 31 days.

5.2 Does your partner expect their total taxable income in this tax year (April to March) to be more than £100,000?

Check box Yes

Check box No

If their income is over this amount, you cannot get the working parent free childcare entitlement

Now go to section 6.

## Section 6 – the children for whom you are making this application

If you are fostering non-related children who could both be eligible for the working parent free childcare entitlement, you will need to complete a separate form for each child.

6.1 Foster children’s details:

|  |  |  |  |
| --- | --- | --- | --- |
| **First name** | **Last name** | **Date of birth (DD/MM/YYYY)** | **When do you expect the child in foster care to join a school reception year?**  **(MM/YYYY)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

6.2 Is the child/children looked after by Shropshire Local Authority?

Check box Yes

No



If ‘No’ please state the name of the Local Authority below.

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## Section 7 – declaration

7.1 Your declaration:

I agree that the information provided above is correct, and I give permission for Shropshire Council to check my eligibility status with the relevant benefit providers and hold my details to make further checks including Early Years Pupil Premium and Disability Access Fund. I agree to inform you immediately if my benefit stops or changes.

|  |  |
| --- | --- |
| **Signature** |  |
| **Date (DD/MM/YYYY)** |  |

7.2 Your partner’s declaration:

I agree that the information provided above is correct, and I give permission for Shropshire Council to check my eligibility status with the relevant benefit providers and hold my details to make further checks including Early Years Pupil Premium and Disability Access Fund. I agree to inform you immediately if my benefit stops or changes.

|  |  |
| --- | --- |
| **Your partner’s signature** |  |
| **Date (DD/MM/YYYY)** |  |

## Section 8 – Social Worker declaration

Before Shropshire Council can issue you with a code, this form must be counter-signed by the child’s social worker.

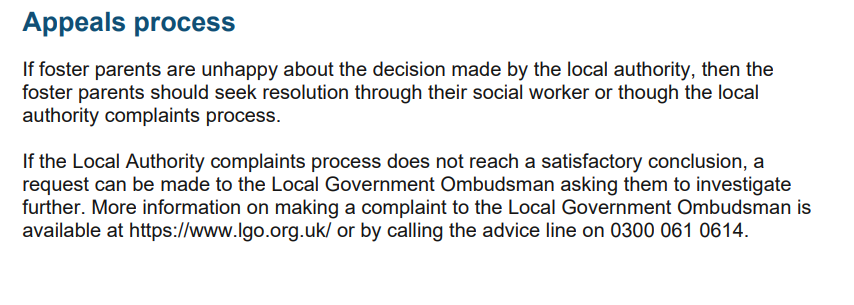
As the child’s Social Worker I declare that I have seen evidence of employment outside fostering, and I am satisfied that the foster parent(s) engaging in paid work other than as a foster parent is consistent with the care plan(s) for the foster child(ren) listed in this application.

8.1 I confirm that I support this application for the working parent free childcare entitlement in respect of the foster child(ren) listed in this application and that it aligns with their Care Plan.

Once completed, please email form to [nef@shropshire.gov.uk](mailto:nef@shropshire.gov.uk)

|  |  |
| --- | --- |
| **Print Name** |  |
| **Signature** |  |
| **Position and contact details** |  |
| **Date (DD/MM/YYYY)** |  |

| Data protection statement  **Data privacy:** The Data Protection Act 1998 puts in place certain safeguards regarding the use of personal data by organisations, including the Department for Education (DfE), local authorities and schools. The Act gives rights to those (known as data subjects) about whom data is held, such as pupils, their parents and teachers. This includes:   * the right to know the types of data being held; * why it is being held; and * to whom it may be communicated.   Should you have any concerns in relation to how your information or the information relating to your foster child/ren is being or will be used, please contact [nef@shropshire.gov.uk](mailto:nef@shropshire.gov.uk) |
| --- |



**Timeframe**

The timeframe by which the dsesignated person should respond to any application (not longer tha 4 weeks from receipt of application).

**Further information**

For further information please visit:

30 hours free childcare: local authority and early years provider guide - GOV.UK (www.gov.uk)

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**Reconfirmation of Early Education Entitlement Funding**

Have your circumstances changed from what is recorded on this form? If ‘No’, please complete ‘Section One’ below; if ‘Yes’, please complete Section Two.

**Section One (my circumstances have not changed):**

I confirm that the information provided on this form has not changed and I wish to reconfirm eligibility in accordance with the details previously supplied.

|  |  |  |  |
| --- | --- | --- | --- |
| **Subsequent Term:** | | | |
| **Foster Carer** | | **Social Worker** | |
| **Signed** |  | **Signed** |  |
| **Date** |  | **Date** |  |

**Section Two (my circumstances have changed):**

Please provide details of the relevant changes below.

|  |
| --- |
| **Any changes to personal information (i.e. home address, contact telephone number etc.)?** |

I confirm that the updated information I have provided above is correct and I wish to reconfirm eligibility in accordance with the details provided.

|  |  |  |  |
| --- | --- | --- | --- |
| **Subsequent Term:** | | | |
| **Foster Carer** | | **Social Worker** | |
| **Signed** |  | **Signed** |  |
| **Date** |  | **Date** |  |