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|--|-------------------|----------------|----------------------------------|-------|-----------------------|-----|
| Childs name (please print) | First name | Surname | Gender (please circle) | M / F | Childs DOB | / / |
| Child address (please print) | | | Postcode | | | |

I agree that you will use the information I have provided to check my entitlement for ELT and will contact other sources as allowed by the law to verify my initial and outgoing entitlement

Parent in receipt of benefits please complete

| | | | | | | | |
|---|--|--|--|--|-----------------------|-----|--|
| Parents National Insurance No or NASS reference No | | | | | | | |
| Print title and full name (parent that is in receipt of benefit) | | | | | DOB Parent | / / | |
| Parents Telephone number: Mobile | | | | | Home | | |
| Parent signature (Person with Parental responsibility/ Legal Guardian) | | | | | Date | | |
| Where did you hear about the ELT scheme? | | | | | Email Address: | | |

Eligibility criteria: Please tick

| | | | |
|--|--|--|--|
| Working Tax Credit and the household income is not more than £16,190 | | Child Tax Credit and the Household Income is not more than £16,190 | |
| Disability Living Allowance (Please attach a copy of your child's award – not original as we will not be able to return it) | | Income Support / Income based on Jobseekers Allowance | |
| Looked After Child (in the care of the Local Authority) Please complete Social Worker details below | | Income Related Employment and Support Allowance | |
| They have left care through special guardianship or an adoption or residence order. | | The Guarantee element of State Pension Credit (from 30 April 2005) | |
| They have a current statement of SEN or an Education, Health and Care plan. | | Support under part VI of the Immigration and Asylum Act 1999 | |
| Other agencies involved? Please specify e.g. paediatrician, Social Worker, therapy services, and specialist services. | Agency contact details Name: Address: Tel No: | | |
| Permission to contact agency? Please circle Y / N | | | |



Data Protection Act 1998

The information that you supply on this form will be used by Sandwell Early Years and Childcare Unit for the purpose of monitoring and evaluating the service and measuring its outcomes. All information is regarded as confidential and any data collected via this form will be stored, processed or disclosed only within the limits of the data protection notification. Data may be shared with relevant departments within Sandwell Metropolitan Borough Council, Sandwell Children's Centres, Childcare Providers and Department for Education.

Sandwell's Access Service

Any staff from any discipline can notify the **Sandwell ACCESS Service** if they consider a child/young person has additional needs. The service will also accept self-referrals from parent/carers and young people. **Quality Early Years and Childcare Service** will disclose or share information with statutory agencies if we feel there is a Safeguarding concern.

SUBMISSION OF THIS FORM IS NOT A GUARANTEE OF PLACEMENT OR FUNDING.

Please return form to: **Freepost RTEZ-LEUC-YGSX**, Sandwell Family Information Service (ELT),
160 Beeches Road, WEST BROMWICH, B70 6HQ

[IL1: PROTECT]

Office Use Only

Sandwell Address Check

FSM Check Date

Admin Officer

Eligible

Yes

No

Evidence Provided

Text Sent / Call Made