



SELF REFERRAL BFIS - TWO YEAR OLD OFFER – APPLICATION FORM:

Child's Forename	Child's Surname
Child's Address	
Post Code	
Child's Date of Birth	Home Language
Child's Gender M / F	
Parent's Forename	Parent's Surname
Parent's Address	
Parent's DOB	Parent's National Insurance Number
Contact telephone number	
Contact mobile telephone number	
Contact email	
Preferred method of contact home <input type="checkbox"/> mobile <input type="checkbox"/> email <input type="checkbox"/> postal <input type="checkbox"/> (please tick) tel no tel no	

Is your child currently attending any childcare? If 'Yes' we need to know where	Yes / No
Does your family have access to transport?	Yes / No
Has a preferred childcare provider been identified for your child's 3 year old place and if so where, please state choices?	Name of setting: 1 st choice 2 nd choice 3 rd choice
Does the child have any siblings? If yes, please provide details below and continue on another page if required, this helps with locating a 2 year old placement	Yes / No
Name	Date of birth Month/year
Childcare provider/School Name (if applicable)	

The following is for information only to assist with the placement

	Child with English as an Additional Language
	Child with speech and language needs Have they been referred to speech and language therapist? Please provide the details
	Child supported by social care services Name of social worker.....Tel No.....
	Child with developmental or learning delay Please provide the details
	Child with a disability Please provide the details
	Child experiencing emotional and behavioural problems Please provide the details
Continuation or additional Information (if applicable) The information you provide helps with the placing of the child	

Data Statement for parent

I understand that my child will be involved in the Two Year Old Offer. In accepting a place I may be contacted to take part in the evaluation of this scheme. I understand that my details and personal information and those of my two-year-old will be kept in line with the Data Protection Act 1988 and the requirements of the Two Year Old Offer funding grant. I give my permission for this information to be accessible to the agencies involved in the scheme and relevant partners (e.g. Early Years and Childcare, Children Centres, Buckinghamshire Family Information Service and Childcare Providers). I understand this information will be kept secure and confidential and will not be disclosed to other third parties without my consent unless the law and Buckinghamshire County Council rules require you to do so. The information will be used to assist the arrangement of childcare, the administration of the two year old offer, to help assess the sufficiency of childcare places and other statistical/statutory purposes and to engage any other family services that would benefit my child and/or family.

I understand I can withdraw from the scheme at any time and that if I wish to have a copy of my personal information (held in relation to the Two Year Old Offer), I must contact the 2 year old Project Officer in writing at Buckinghamshire County Council, Early Years & Childcare Service, 5th Floor, County Offices, Walton Street, Aylesbury, HP20 1UZ.

Declaration (Parent / Carer - please delete as applicable):

I declare the above details are true and understand that any false declaration may result in funding being reclaimed

Parent/Carer Name:..... (please print)

Signature:..... Date.....

From time to time we may contact you to evaluate your experience of the 2 year old funding please tick here if you do not wish to be contacted

Section C (optional)

**Ethnic Background Data Collection
(Based on the new national population Census ethnic categories)**

Child's name

*Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. **Ethnic background is not the same as nationality or country of birth.***

Please study the list below and tick **one box only** to indicate the ethnic background of the child named above. Please also tick whether the form was filled in by a parent/guardian or the child.

<p>White</p> <ul style="list-style-type: none"> ◆ British <input type="checkbox"/> ◆ Irish <input type="checkbox"/> ◆ Traveller of Irish Heritage <input type="checkbox"/> ◆ Gypsy/Roma <input type="checkbox"/> ◆ Any other White background <input type="checkbox"/> 	<p>Mixed</p> <ul style="list-style-type: none"> ◆ White and Black Caribbean <input type="checkbox"/> ◆ White and Black African <input type="checkbox"/> ◆ White and Asian <input type="checkbox"/> ◆ Any other mixed background <input type="checkbox"/>
<p>Asian or Asian British</p> <ul style="list-style-type: none"> ◆ Indian <input type="checkbox"/> ◆ Pakistani <input type="checkbox"/> ◆ Bangladeshi <input type="checkbox"/> ◆ Any other Asian background <input type="checkbox"/> 	<p>Black or Black British</p> <ul style="list-style-type: none"> ◆ Caribbean <input type="checkbox"/> ◆ African <input type="checkbox"/> ◆ Any other Black background <input type="checkbox"/>
<p>Chinese</p> <p>Any other ethnic background <input type="checkbox"/></p> <p>I do not wish an ethnic category to be recorded <input type="checkbox"/></p>	<p>This information was provided by:</p> <p>Parent/Guardian <input type="checkbox"/></p> <p>Health Visitor <input type="checkbox"/></p> <p>Social Care Worker <input type="checkbox"/></p> <p>Family Support Worker <input type="checkbox"/></p>

Please return forms to:

2 year old funding team
Buckinghamshire County Council
Early Years & Childcare
5th Floor, County Offices
Walton Street
Aylesbury
HP20 1UZ
Tel: 01296 387402