

# "ME 2" FUNDING REQUEST FORM

Early Years Service



**This form is to be used to apply for the funding of day care sessions for two year old children and is to be completed by the referrer**

<p><b>Child's legal name</b> include middle names .....</p> <p>Date of Birth.....</p> <p>Gender .....</p> <p>Address .....</p> <p>Post code .....</p> <p><b>Parent / carer:</b> include middle names</p> <p><b>Name 1</b> .....</p> <p>Date of Birth .....</p> <p>Relationship to child .....</p> <p>Address .....</p> <p>Postcode.....</p> <p>Home telephone: .....</p> <p>Mobile telephone: .....</p> <p><b>Name 2</b>.....</p> <p>Date of Birth .....</p> <p>Relationship to child .....</p> <p>Address .....</p> <p>Postcode.....</p> <p>Home telephone: .....</p> <p>Mobile telephone: .....</p>	<p><b>Sibling Information</b> include middle names</p> <p><b>Name 1</b>.....</p> <p>Setting attended.....</p> <p>Date of Birth.....</p> <p>Gender .....</p> <p>Address: .....</p> <p>Post code .....</p> <p><b>Name 2</b>.....</p> <p>Setting attended.....</p> <p>Date of Birth.....</p> <p>Gender .....</p> <p>Address: .....</p> <p>Post code .....</p> <p><b>Name 3</b>.....</p> <p>Setting attended.....</p> <p>Date of Birth.....</p> <p>Gender .....</p> <p>Address: .....</p> <p>Post code .....</p> <hr/> <p>Home Language if applicable: .....</p> <p>Is an interpreter required for the family? .....</p>
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Is the child accessing childcare? YES / NO

If YES; which provision? .....

If NO; does the parent/carer have a preference for the provision? .....

**National criteria**  
Please select which criteria the family meet below, tick and state date the benefit was awarded

1	Pension Credit		
2	Income Support		
3	Income based Job Seekers Allowance		
4	Child Tax Credit at a rate higher than the family element		
5	Extra working Tax Credit relating to Disability		
6	Asylum Seeker	Protect	

<b>Local criteria for Plymouth</b> The family will need to meet the national criteria, funding can be approved if one or more of the local criteria below are met, children who.....		
1	live in a BME family	
2	access the Speech and Language Therapy Service	
3	are identified as having emotional and behavioural problems	
4	live in families who have a Social Care involvement	
5	have a Child Protection Plan	
6	have developmental delay	
7	have a disability	
8	live in temporary accommodation	
9	live in families who have experienced domestic violence	
10	live in families who are substance or alcohol abusers	
11	live in families where there are three or more children under five	
12	live in lone parent families	
13	have parents with health issues or disability	
14	have parents who are teenagers	

I confirm that I have seen evidence that the family are in receipt of one or more of the above benefits and meet one or more of the local criteria set.

Referrers signature .....

Date of referral.....

Referrers name .....

Role .....

Address.....

Telephone / mobile number.....

Contact email address.....

**Data Statement**

Early Years Services are part of Plymouth Children’s Trust. In order to plot the geographical areas of need and take up for monitoring purposes, we collect the name, address and date of birth of each child whom we fund for the Two Year Old places. This scheme is part of a national roll-out which is being continuously evaluated and developed. Information about the children’s learning and development will therefore be collected for the evaluation. Parents will be offered the opportunity to contribute. Statement information will be passed to Children’s Centres in acceptance of a funded place. All information is processed according to Data Protection

**Data Protection:**

Personal information that you provide will be held securely and will only be shared for planning the provision of services, providing a service to you, informing you about Council services, seeking your views and to enable auditing of Council services. Anonymous statistical information may also be passed to other organisations to assist in the planning and monitoring of services. Plymouth City Council is also under a duty to cooperate with the prevention and detection of crime and legislation may result in information about you being passed to others. The Data Controller for Plymouth City Council is the Corporate Information Manager based at the Civic Centre. Tel: 01752 304522 who can be contacted about the use of your personal information. Email: [information.governance@plymouth.gov.uk](mailto:information.governance@plymouth.gov.uk)

**To be completed by parent / carer:**

I have read and understood the data statement and would like my child and family to be considered for the Two Year Old / Me2 offer. I understand and agree/disagree (delete as appropriate) to have my details passed to Children’s Centres, Family Information Service and the chosen Early Years Provision.

Parent Signature.....Name printed.....

Please return to: Julie Gray, Me 2 Coordinator, Early Years Service, Department for Services for Children and Young People, Plymouth City Council, Plymouth, PL6 5UF

Tel: 01752 307450 Email: [earlyyears@plymouth.gov.uk](mailto:earlyyears@plymouth.gov.uk) Fax: 01752 307566 Web: [www.plymouth.gov.uk](http://www.plymouth.gov.uk)