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# Application Form for 15 Hours of Nursery Education Grant Funding for 2-year-olds From Families with No Recourse to Public Funds (NRPF)

Please complete this application form if you are a family with NRPF and would like to apply for a 15-hour Nursery Education Place for your 2 year old child.

Applicants should complete all sections of this form.

When completed, please ensure the declaration at the end of the application is also signed.

Further information relating to this extension can be found in the following document:

[Free early education for 2-year-olds - accessing eligibility for families with no recourse to public funds (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1100557/Free_early_education_for_2-year-olds_-_accessing_eligibility_for_families_with_no_recourse_to_public_funds.pdf)

## Child’s Details

|  |  |
| --- | --- |
| Surname of child |  |
| First name(s) of child |  |
| Date of birth of child (DD/MM/YY) |  |
| Nationality of child |  |
| Address of child |  |

## Parent/Carer’s Details

|  |  |
| --- | --- |
| Surname of parent/carer |  |
| First name(s) of parent/carer |  |
| Date of birth (DD/MM/YY) |  |
| Relationship to child |  |
| Nationality of parent/carer |  |
| Address of parent/carer |  |
| Email Address |  |
| Details of the second parent/carer (if applicable) | |
| Surname of second parent/carer |  |
| First name(s) of second parent/carer |  |
| Date of birth (DD/MM/YY) |  |
| Relationship to child |  |
| Nationality of parent/carer |  |
| Address of parent/carer if different from first parent/carer |  |
| Email Address |  |

|  |  |
| --- | --- |
| **Please provide evidence of Immigration status and no recourse to public funds:** | |
| * Biometric Residence Permit (This permit will confirm whether the parent has no recourse to public funds in the remarks section)   OR   * Share Code (can be used to check immigration status via the Home Office’s Online Immigration Checking Services | **For Internal Use Only** |

## Evidence of Income

To be eligible for Nursery Education Grant Funding and/or free school meals, your families’ annual household income must be no higher than the following:

* £26,500 for families outside of London with one child
* £30,600 for families outside of London with two or more children

This includes any wider income or support from family you may be receiving in addition to any earnings from employment.

|  |  |
| --- | --- |
| Are you employed? |  |
| If you have a partner, are they employed? |  |
| Including the child you have mentioned on this application, how many children do you have in total? |  |
| Is your annual household income, including earnings from employment and any wider support you may be receiving, less than the maximum income thresholds listed above? |  |

**As part of your application, we need to see evidence of your income and savings. Please provide us with:**

* Payslips for the last 3 months (if applicable) for you and your partner.
* Any bank statements held by you, your partner, or joint accounts (if applicable), for at least the last 3 months. This includes current and saving accounts.

**If you are unable to provide a recent payslip, the following items may be supplied instead:**

* Latest P60
* Letter from your Employer confirming your salary and any other support they provide
* Letter from the Local Authority confirming support (if applicable)

# Declaration of Applicant

I (Name) ..........................................................................................................

of (Address) .................................. .........................................................................................

confirm that the information I have provided above is accurate and true.

I agree that the information I have provided can be shared with the Department for Education for the purposes of assessing eligibility for 15 hours of Nursery Education for my 2-year-old child.

## Parent/Carer/Guardian with Legal Responsibility for Care of the Child

|  |  |
| --- | --- |
| * Signed |  |
| * Print name |  |
| * Date |  |

Once completed, please return this form along with your evidence, to [LEyEP@wigan.gov.uk](mailto:LEyEP@wigan.gov.uk) and a member of the team will process your application.