



30 Hours Extended Entitlement – Consent Form

Thank you for your enquiry about accessing your extended (30 hour) entitlement place with Angels Childcare.

Before confirming the place, the eligibility code needs to be verified with Lincolnshire County Council. Please complete and sign this form to confirm that you agree to the checks being made:

Child's Legal Name:		Known as (if different from legal name):	
Child's Date of Birth:			
Parent / Carer 1 Name:		Parent / Carer 1 National Insurance Number:	
Parent / Carer 1 Contact Number & email address:			
Parent / Carer 2 Name:		Parent / Carer 2 National Insurance Number:	
Parent / Carer 2 Contact Number & email address:		30hrs eligibility code.	
If you are claiming any of your 30 hours with another provider, please list them here:			

I confirm the information above is correct. I consent to Lincolnshire County Council using the information supplied above for the purposes of verifying my eligibility for the extended entitlement. I understand that the information requested will be held securely and will only be shared with staff in the Local Authority who have right of access, and with Capita Children's Services. When no longer required, it will be disposed of in a matter appropriate to its sensitivity. I also understand that if I am eligible, the Local Authority will continue to check my eligibility and if they are notified that I am no longer eligible, they will inform this childcare provider.

I understand if I am no longer eligible, I will have to pay for any additional hours booked in above the universal Early Years Entitlement.

Signed: _____ Date: _____