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| **TO BE COMPLETED BY THE PARENT/CARER** |
| **Name of Childcare Provider:** |  |
| **Parents Surname:** |  |
| **Parent’s National Insurance Number:** |  |
| **Child’s Date of Birth:** |  |
| **Child’s Full Name:** |  |
| **30 Hours Eligibility Code from HMRC: (11 Digits)** |  |
| **DECLARATION OF THE PARENT/CARER:** |
| I give consent for the Childcare Provider stated above to validate my eligibility code for 30 hours free childcare. I understand that the Childcare Provider will share the information above with Suffolk County Council to verify my code, either by email or by the Provider Portal linked to the Local Authority system. |
| **Signature of Parent/Carer:** |  |
| **Date:** |  |
| *Childcare Provider use only* |
| **TO BE COMPLETED BY THE CHILDCARE PROVIDER AFTER VALIDATING THE CODE** |
| **Staff Member Who Validated Code:** |  |
| **Date Code Validated on Portal:** |  |
| **Valid Code? (Yes / No)** |   |
| **Validity Start Date (Date child is eligible for funding)** |  |