



Application form for free early education for two-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 15 hours a week of free early education for two-year-olds.

To complete this form, applicants should complete all sections.

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

Child's details

Surname of child	
First name(s) of child	
Date of birth of child (dd/mm/yy)	
Nationality of child	
Address and postcode of child	

Parent/carer's details

Surname of parent/carer	
First name(s) of parent/carer	
Relationship to child	
Nationality of parent/carer	
Address and postcode of parent/carer	
Contact phone number (mobile preferred where possible)	
Email address	

Parent/carer National Insurance Number OR NASS Number	
Dat of birth of parent/carer (dd/mm/yyyy)	

Evidence of No Recourse to Public Funds

Please supply either of the following:

- a copy of a Biometric Residence Permit that confirms your immigration status and whether you have No Recourse to Public Funds
- proof of your immigration status digitally. You will need to provide a share code that allows the local authority to check your immigration status via the Home Office's Online Immigration Checking System

Do you have recourse to public funds? Please answer Yes or No . (If yes you are not eligible for a place via this route).	
Does your partner have recourse to public funds? Yes/No or Not Applicable . (If yes you are not eligible for a place via this route).	
Evidence of status provided:	

Evidence of income

To be eligible for free early education for two-year-olds place, your family's 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 you may or your partner (if you have one) may be receiving in addition to any earnings from employment. Where possible, please also provide a document to show **this for you and your partner** (if you have one) as below:

- A recent payslip showing monthly net earnings
- A letter from your employer / contract of employment that confirms your annual salary **in you or your partner's name**.
- A recent bank statement showing income from earnings (any details not relating to income from earnings can be obscured),

Please confirm the number of children in your family	
Are you employed? Please answer Yes or No	
If you have a partner, are they employed? Please answer Yes or No	
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? Please answer Yes or No	
If employed, evidence of income supplied:	

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 a free early education for two-year-olds place.

Parent/Carer/Guardian with legal responsibility for care of the child

Signed	
Print name	
Date	

This form should now be emailed to 2yearoldfunding@solihull.gov.uk