 **For Office Use Only:**

**Re-validation form for extended entitlement - 30 hours free childcare for foster children**

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| **Child Name** |  |
| **Name of Foster Parent** |  |
| **Name of Partner** |  |
| **Date of Revalidation Form Return for Next Checks** |  |
| **Voucher Code** |  |

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| --- | --- | --- |
| **Employment evidence provided for foster parent and partner** | **Parent**  | **Partner** |
| Offer of employment letter to commence in the next 31 days: |  |  |
| Pay slips for the last 3 months: |  |  |
| Contract of employment:  |  |  |
| If self-employed – tax return for the last financial year:  |  |  |

Other - please provide details **……………………………………................................**

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| **Benefit evidence provided for parent and partner** | **Parent**  | **Partner** |
| For Universal Credit purposes, I am assessed as having limited capability for work |  |  |
| I receive National Insurance credits because of incapacity or limited capability for work: |  |  |
| I receive a Carer’s Allowance: |  |  |
| I receive an Employment and Support Allowance: |  |  |
| I receive Incapacity Benefit: |  |  |
| I receive a Severe Disablement Allowance: |  |  |

**Employment evidence has been provided to confirm foster child meets usual eligibility criteria for the extended entitlement as detailed on**:

<https://www.gov.uk/help-with-childcare-costs/free-childcare-and-education-for-2-to-4-year-olds>

**Foster Carer’s declaration**

Your declaration:

I declare that I am re-validating for 30 hours free childcare, to enable me to work outside of fostering, and that the information I have given on this form is correct and complete. I will inform fis@derby.gov.uk immediately should I no longer undertake paid employment outside of my fostering responsibility.

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| --- | --- | --- | --- |
| **Full Name:** |  | **Signature:** |  |
| **Date:**  |  |  |  |

Your partner’s declaration:

I declare that I am re-validating for 30 hours free childcare, to enable me to work outside of fostering, and that the information I have given on this form is correct and complete. I will inform fis@derby.gov.uk immediately should I no longer undertake paid employment outside of my fostering responsibility.

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| --- | --- | --- | --- |
| **Full Name:** |  | **Signature:** |  |
| **Date:** |  |  |  |

Before Derby City Council can re-validate your eligibility code, this form must be counter-signed by your foster child’s Social Worker.

**Social Worker declaration**

I confirm that I support this re-validation for 30 hours free childcare in respect of the foster child listed on this re-validation form. I declare I have seen evidence of employment for both foster parents outside of their fostering duties, and it has been discussed how this employment is consistent with the care plan for the foster child listed on this re-validation form. And if the child is not a British/Irish National I declare that I have seen evidence to support this as detailed in section 1.4 of the child’s initial 30 hour foster carer application.

I will inform fis@derby.gov.uk should I become aware that the foster carer is no longer in paid employment outside of their fostering duties, or if there are any changes with the foster carers employment causing them to no longer meet the eligibility criteria for extended entitlement – 30 hours childcare.

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| **Full Name:** |  | **Signature:** |  |
| **Position:** |  | **Tel Number:** |  |
| **Date** |  |  |  |

| Derby City Council’s General Data Protection Regulation (GDPR) Statement and Privacy Statement can be found here:[www.derby.gov.uk/privacy-notice](http://www.derby.gov.uk/privacy-notice) |
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This fully completed form should be returned to: **Childcare and Families Information Service, Derby City Council, First Floor, Corporation Street, Derby, DE1 2FS** or by secure email to fis@derby.gov.uk