




Two Year Old Healthy Outcome Form for Childcare Providers

Child's Details:											
First Name:			Surname:			Date of Birth:					
Address:						Postcode:					
Parent/Carer's Details: Title: Mr: <input type="checkbox"/> Mrs: <input type="checkbox"/> Miss: <input type="checkbox"/> Ms: <input type="checkbox"/> Other: <input type="checkbox"/>											
First Name:			Surname:			Date of Birth:					
Relationship to child:											
Address: As above <input type="checkbox"/>			Postcode:								
Telephone Numbers:			Landline:			Mobile:					
Email Address:			Do you receive any benefits?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>			If yes, which benefits?		
National Insurance Number:			Asylum Seeking Number: (NASS)								
Ethnicity:			First Language Spoken:								
Do you currently access education or training									Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Would you like information from Derby Adult Learning Centre about Adult Learning Courses Available?									Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Please help the parent/carers to answer the following questions about their child to support their transition to three year old funded childcare the term after their third birthday											
Child's Health:											
Does the parent/carers go to a children's centre in the city?									Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
In which locality is the children's centre you attend? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>											
If the parent/carers does not go to a children's centre please support them to access services for children aged 0-5 years by completing a children's centre form									Completed Yes: <input type="checkbox"/>		
Are you registered with a GP?									Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Do you know how to contact your health visitor for support and advice?									Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
When did your child have their 2½ year old health assessment?						Date:					
Is your child up to date with routine immunisations? C = Choice						Yes: <input type="checkbox"/> No: <input type="checkbox"/> C: <input type="checkbox"/>					
Is your child registered with a dentist?						Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
Do you have any concerns about your child in the following areas:			Speech and language delay?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
			Developmental delay?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
			Disability or additional needs?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>					

Comments:		
Do any other professionals provide support to the family?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Name:	Role:	Contact Number:
Support provided:		
Funding Entitlement:		
Is this childcare place funded by the 'Flying Start' Flexible Early Education Entitlement (FEEE) for 2 year olds?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Would the parent/carer like more information about this funding and the eligibility criteria?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Which childcare provider does the parent/carer wish to use to take up their child's Flexible Early Education Entitlement for 3 year olds:	Name of childcare provider:	
 All information provided will be treated in accordance with the Data Protection Act 1998 and only used for checking your child's eligibility for the Early Years Pupil Premium (EYPP), Pupil Premium (PP) and other future funding opportunities. To check eligibility, your childcare provider will need to share your information with Derby City Council who will check your eligibility with the Department for Education and HMRC. The Council may also share the information with other departments within the Council and other public bodies, such as the Audit Commission, for the purpose of preventing fraud, misuse of public funds and any legal or statutory requirements. Your information will be held securely for as long as deemed necessary so that the appropriate funding eligibility checks can be made.		
Name of two year old childcare provider:		
Name of person completing the form: (Childcare Provider)	Signature:	Date:
I, parent/carer, consent for my personal information being shared and agree for my National Insurance or Asylum Seeking Number (NASS) to be used for eligibility checking purposes. This will be used to securely check if my child can take up the Early Years Pupil Premium (EYPP), Pupil Premium (PP) and other future funding opportunities with 3 and 4 year old funded childcare providers, to support their development and learning and to ensure they make the best progress possible. My information may also be shared with health visiting services to support my child's 2 ½ year old assessment and developmental progress.		
Parent/carer's signature:		Date: