

For office use only:	Reference Number		Date letter sent		Eligible Yes / No	
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If you need help filling in this form please go to your local Children's Centre who will be happy to help you

Eligibility Checking Permission (ECP2) Form

To enable us to see if you can get a free place we need a few details about you and your child. Please complete in BLOCK CAPITALS and sign in the space provided.

If you are requesting a replacement letter because you have lost your original one please put a tick ✓ in this box. Tick here

Information we need about you:

Title (Mr/Mrs/Miss/Ms)

Surname: Forenames:

Date of birth: Relationship to child (eg: *Mother*):

National Insurance Number:

Present address:
Postcode:

Home phone: Mobile phone:.....

Work phone: Email:

Previous address (*if moved in past 12 months*):
 Postcode:

Information we need about your child:

We only need to know the names of your child (or children) who are going to have a free early education place as a two-year-old.

Child 1:
 Surname: Forenames:

Date of birth:

Child 2:
 Surname: Forenames:

Date of birth:

Proof of benefit does not need to be provided at this stage. You will be informed if any supporting documents are required at a later date.

DECLARATION: I certify that the information given on this form is correct to the best of my knowledge and belief, and that the submission of incorrect information may result in legal action.

I agree that you will use the information I have provided to check my eligibility for free early education for my two-year-old, and that you will contact other sources as allowed by law to verify my entitlement.

Signature of applicant: Date:

Please return the completed application form to:
FREEPOST RRUY – ZBTJ - CZCC,
 Early Years Services, Medway Council, Gun Wharf, Dock Road, Chatham, Kent ME4 4TR