**30 hours Eligibility Code Consent Form**

**I** (Name ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_authorise (name of provider)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to use the information I have provided below to check my child’s eligibility for the 30 hrs entitlement

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| **Parent/carer National Insurance Number:** | **Parents Date of Birth: Day/Month/Year** |
| 1. **hours eligibility code: 11 digit number** (e.g. 50001234567) | |

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |