

Early Education Funding (EEF) Claims

Important funding information

Settings can only claim for the funded hours a child attends.
Hours **CANNOT** be changed after Headcount Week.

For settings taking 2-year-olds:
With the Nine-Month funding, it is now possible to claim for the term of the child's 2nd birthday.

For settings taking 3-year-olds:
With the Two-Year funding, it is now possible to claim for the term of the child's 3rd birthday.

Children joining after Headcount can be submitted as late claims, if they have not used their funding elsewhere.
The minimum claim is 2 weeks.

Run eligibility checks outside of Headcount Week to ensure that codes are valid and that children are linked to the Headcount task.

Allow plenty of time to complete the Headcount task.
DO NOT leave it until the final day of Headcount Week.

Early Years – Suffolk Learning

Suffolk Learning



- Home
- Assessment and Moderation
- Attendance
- Early Career Teachers
- Early Years
- Elective Home Education
- English as an additional language
- Events and Training
- Finance
- Policies and Guidance for Schools
- SACRE
- Safety, Health and Wellbeing (SHaW)
- Safeguarding
- SCITT
- School Travel
- Sector Led School Improvement
- SEND/Inclusion
- Standards and Excellence
- Suffolk Headlines
- Suffolk Learning and Improvement Network (SLIN)
- Suffolk Virtual School
- The Suffolk TA Network

Home / Early Years / Early Education Funding / PAF-Stretched Offer-Ethnicity codes

PAF–Stretched Offer–Ethnicity codes

Parent Authorisation Forms (PAF)

Parent Authorisation Form (PAF) – V18 added 13/06/24

Childcare Provider guidance notes – updated 13/06/24

Parent/carer guidance notes – updated 13/06/24

PAF information page for parents/carers on Suffolk InfoLink | Parent Authorisation Form (PAF) Guidance for parents you can share this link with parents rather than printing this information for them.

Stretched Offer

Dual Placement Information

Ethnicity Codes – updated 22/11/23

Search ...

- Broadcast messages
- Childminder information
- Contact us & secure email
- DfE Early Years Education Recovery Programme
- Early Education Funding
 - EYPP & Deprivation Supplement
 - Golden Ticket Information
 - How to register for the Provider Portal
 - PAF–Stretched Offer–Ethnicity codes**
 - Stretched Offer**
 - Provider Portal Registered Users
 - Two Year Old Funding information

Where can I find PAFs on Suffolk Learning?

Ethnicity Codes

This data is required by the Department for Education.

[EYNOV23-Ethnicity-Codes.xlsx](#)

Ethnicity Codes for use with Parent Authorisation Form (PAF)		
Main Category	Code	Description
White	WCOR	White - Cornish
White	WENG	White - English
White	WNIR	White - Northern Irish
White	WSCO	White - Scottish
White	WWEL	White - Welsh
White	WOWB	Other White British
White	WIRI	White - Irish
White	WIRT	Traveller of Irish heritage
White	WALB	Albanian
White	WBOS	Bosnian-Herzegovinian
White	WCRO	Croatian
White	WGRE	Greek/Greek Cypriot
White	WITA	Italian
White	WKOS	Kosovan
White	WPOR	Portuguese
White	WSER	Serbian
White	WTUR	Turkish/Turkish Cypriot
White	WEUR	White European
White	WOTW	White other
White	WROG	Gypsy
White	WROR	Roma
White	WROO	Other Gypsy/Roma
Mixed/Dual background	MWBC	White and Black Caribbean
Mixed/Dual background	MWBA	White and Black African
Mixed/Dual background	MWAP	White and Pakistani
Mixed/Dual background	MWAI	White and Indian
Mixed/Dual background	MWAO	White and any other Asian background
Mixed/Dual background	MAOE	Asian and any other ethnic group
Mixed/Dual background	MABL	Asian and Black
Mixed/Dual background	MACH	Asian and Chinese
Mixed/Dual background	MBOE	Black and any other ethnic group
Mixed/Dual background	MBCH	Black and Chinese
Mixed/Dual background	MCOE	Chinese and any other ethnic group
Mixed/Dual background	MWOE	White and any other ethnic group
Mixed/Dual background	MWCH	White and Chinese
Mixed/Dual background	MOTM	Other mixed background
Asian or Asian British	AIND	Indian
Asian or Asian British	AMPK	Mirpuri Pakistani
Asian or Asian British	AKPA	Kashmiri Pakistani
Asian or Asian British	AOPK	Other Pakistani
Asian or Asian British	ABAN	Bangladeshi
Asian or Asian British	AAFR	African Asian
Asian or Asian British	AKAO	Kashmiri other
Asian or Asian British	ANEP	Nepali
Asian or Asian British	ASNL	Sri Lankan Sinhalese
Asian or Asian British	ASLT	Sri Lankan Tamil
Asian or Asian British	ASRO	Sri Lankan other
Asian or Asian British	AOTA	Other Asian

Black or Black British	BCRB	Black Caribbean
Black or Black British	BANN	Black - Angolan
Black or Black British	BCON	Black - Congolese
Black or Black British	BGHA	Black - Ghanaian
Black or Black British	BNGN	Black - Nigerian
Black or Black British	BSLN	Black - Sierra Leonean
Black or Black British	BSOM	Black - Somali
Black or Black British	BSUD	Black - Sudanese
Black or Black British	BAOF	Other Black African
Black or Black British	BEUR	Black European
Black or Black British	BNAM	Black North American
Black or Black British	BOTB	Other Black
Asian or Asian British	CHKC	Hong Kong Chinese
Asian or Asian British	CMAL	Malaysian Chinese
Asian or Asian British	CSNG	Singaporean Chinese
Asian or Asian British	CTWN	Taiwanese
Asian or Asian British	COCH	Other Chinese
Any other ethnic group	OAFG	Afghan
Any other ethnic group	OARA	Arab other
Any other ethnic group	OEGY	Egyptian
Any other ethnic group	OFIL	Filipino
Any other ethnic group	OIRN	Iranian
Any other ethnic group	OIRQ	Iraqi
Any other ethnic group	OJPN	Japanese
Any other ethnic group	OKOR	Korean
Any other ethnic group	OKRD	Kurdish
Any other ethnic group	OLAM	Latin/South/Central American
Any other ethnic group	OLEB	Lebanese
Any other ethnic group	OLIB	Libyan
Any other ethnic group	OMAL	Malay
Any other ethnic group	OMRC	Moroccan
Fijian, Tongan, Samoan and Tahitian	OPOL	Polynesian
Any other ethnic group	OTHA	Thai
Any other ethnic group	OVIET	Vietnamese
Any other ethnic group	OYEM	Yemeni
Any other ethnic group	OIEG	Other ethnic group
Refused	REFU	Refused
Information not yet obtained	NOBT	Information not yet obtained

How do I ensure Parent Authorisation Forms (PAFs) are completed correctly?

FORM: PAF 2024



Parent Authorisation Form (PAF) for Early Education Funding

Please complete this form so that early education funding can be claimed for your child.

1. Child and Parent/Carer Information

Child's details		Parent/Carer details	
Legal first name	Joshua	Title (e.g. Mr, Mrs, Miss, Ms, Mx.)	Mr
Legal middle name(s)	Frederick	Legal first name	James
Legal last name	Miller	Legal last name	Miller
Gender (please select)	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified	Gender (please select)	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified
Address	2 The Street, Framdsen, Stowmarket, Suffolk	Address (if different from child's address)	
Postcode	IP14 6HG	Postcode	
Date of Birth (DD/MM/YYYY)	05/05/2021	Date of Birth (DD/MM/YYYY)	02/10/1992
Ethnicity Code	WENG	NI Number or NASS Number	TS587588D
First Language	English	Parental Responsibility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Expanded/ Extended Hours Eligibility Code (11-digit code from Childcare Choices)	50359426726	Relationship to child	Father

2a. Attendance details

Term (Autumn/Spring/Summer please indicate below)	Setting name(s)	No. funded hours per week		No. weeks	Total termly funded hours	Date	Signature or typed name (if returned by email)
		Funded/Universal	Expanded/Extended				
Term 1 - Spring	1 Running Wild Preschool	15	15	11	330	05/01/2025	James Miller
Term 2 -	1						
Term 3 -	1						

I understand there may be a charge for consumables. Please ask your childcare provider for more details. Yes, I understand

2b. Stretched Offer

If parents/carers want to stretch their funded hours so they are used outside of term time, a stretched offer agreement MUST be in place. This can either be on a termly basis or over a year. The stretched offer agreement MUST clearly show when the hours will be used and be signed and dated by the parent/carers and provider.

Is a stretched offer agreement in place? Yes No

PAF 918 JUN 2024

This PAF should only be used if the childcare provider has obtained directly from Suffolk County Council

FORM: PAF 2024



3. Eligibility

If you have a 2 year old (including the term in which they turn 3) who qualifies via the 'Disadvantaged/Non-Economic' criteria, please complete section 3a.



3a. 2 year old funding

Economic Criteria		Non-Economic Criteria	
Do you have a Golden Ticket?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	Golden Ticket Ref Number:	
Or have you checked your eligibility using the online checker? www.suffolk.gov.uk/two	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Ref Number:	
Is your child adopted from care?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Type of evidence provided:	
Or has your child been looked after by the Local Authority for 1 day or more?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Type of evidence provided:	
Or does your child receive Disability Living Allowance (DLA) or have an Education, Health and Care Plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Type of evidence provided:	

3b. Early Years Pupil Premium and Disability Access Fund (for eligible children)

Early Years Pupil Premium (EYPP)

Early Years Pupil Premium is additional funding that can be claimed by childcare providers to support eligible children's learning and development. Automated checks for Economic EYPP will be carried out using the information you have added to this PAF. For details about the eligibility criteria please speak to your provider or go to www.suffolk.gov.uk/EYPP.

EYPP Non - Economic criteria

Is your child subject to an adoption, child arrangement, special guardianship, or residence order?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Type of evidence provided:	
Or has your child been looked after by the Local Authority for 1 day or more?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	Type of evidence provided:	

Disability Access Fund (DAF)

If your child is in receipt of Disability Living Allowance (DLA) you can nominate one provider to receive an extra £1000 per year from the Disability Access Fund.

Are you nominating this provider to claim the DAF allowance for your child? Yes No N/A

4. Parent/Carer Declaration

You must agree to / understand the following declarations before you can start accessing your funded place. Please mark the box to show you agree/understand. Please refer to the Suffolk County Council (SCC) CYP Privacy Notice for information on how your details will be used and shared (www.suffolk.gov.uk/about/privacy-notice/).

I confirm all the childcare provider/s / schools and funded/universal and/or expanded/extended hours my child attends are correct.	<input checked="" type="checkbox"/> I agree
I confirm this provider can claim for the number of hours indicated in section 2.	<input checked="" type="checkbox"/> I agree
I understand I cannot increase the number of funded hours I am claiming during the term.	<input checked="" type="checkbox"/> I understand
I understand if I choose to move my child during a term to a different childcare provider in Suffolk, the new provider will not be able to claim funded hours already claimed this term and I will be expected to pay the new provider.	<input checked="" type="checkbox"/> I understand
I understand this provider can discuss my child's pattern of attendance with the other provider/s stated above so they can confirm where I would like to claim my funded/universal and/or expanded/extended hours.	<input checked="" type="checkbox"/> I understand

Parent/Carer Declaration continued on next page.

PAF 918 JUN 2024

This PAF should only be used if the childcare provider has obtained directly from Suffolk County Council

FORM: PAF 2024



I understand this provider will check my eligibility for the funding and that information can be shared with Suffolk County Council (SCC) and services within SCC (e.g. School transport, Free school meals, continuing with my child into School Reception Year) and Department for Education (DfE) to confirm my child's eligibility and enable this provider to claim funding on behalf of my child.	<input checked="" type="checkbox"/> I understand
I understand it is a criminal offence to make false claims for funding, and any suspected false claims will be treated seriously, and the appropriate action will be taken.	<input checked="" type="checkbox"/> I understand
I understand the information in this form is sensitive and I take responsibility for this risk if I return this form by email to my childcare provider.	<input checked="" type="checkbox"/> I understand
Authorised by Parent/Carer (PRINT)	JAMES MILLER
Date	05/0/2025
Signed (or state returned by email)	RETURNED VIA EMAIL
Email address (if form is returned electronically your email address will represent signature and your declaration that this claim is correct)	james.miller92@icloud.com

For Childcare Provider Office Use Only

5. Provider Declaration

Please refer to the guidance notes before making the following declarations. You must indicate in the boxes to show you agree/understand the declarations before you can offer a funded place.

I have verified the Date of Birth (DoB) evidence provided by the parent/carers and I have selected below which DoB evidence has been seen.	<input checked="" type="checkbox"/> Yes
<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> European ID Card <input type="checkbox"/> Passport	
Reference number of DoB evidence selected	88659275
I confirm that the information given is correct and that the named child is eligible for early education funding during the term's shown on the PAF.	<input checked="" type="checkbox"/> I agree
I confirm that no more than 15 hours of early education will be taken per week this term or 30 hours where a family is eligible for a total of 30 funded hours per week.	<input checked="" type="checkbox"/> I agree
If applicable, I confirm a copy of the stretched offer agreement is attached to this PAF.	<input type="checkbox"/> I agree
Where applicable, I confirm I have verified eligibility for additional funding. (2-year-old, expanded/extended entitlement, Non-economic EYPP, DAF) before offering a funded place.	<input type="checkbox"/> I agree
I understand it is a criminal offence to make false claims for funding, and any suspected false claims will be treated seriously, and the appropriate action will be taken.	<input checked="" type="checkbox"/> I understand
Name of Childcare Provider / School:	Running Wild Day Nursery
Provider LoP Number / School Number:	270059
Authorised by Provider: (PRINT FULL NAME)	REBECCA NEWMAN
Signed: (or state authorised electronically)	
Date funding agreed: (dd/mm/yyyy)	

PAF 918 JUN 2024

This PAF should only be used if the childcare provider has obtained directly from Suffolk County Council

Child and parent details

1. Child and Parent/Carer Information

Childs details		Parent/Carer details	
Legal first name	Joshua	Title (e.g. Mr, Mrs, Miss, Ms, Mx.)	Mr
Legal middle name(s)	Frederick	Legal first name	James
Legal last name	Miller	Legal last name	Miller
Gender (please select)	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified	Gender (please select)	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified
Address	2 The Street, Framdsen, Stowmarket, Suffolk	Address (if different from child's address)	
Postcode	IP14 6HG	Postcode	
Date of Birth (DD/MM/YYYY)	05/05/2021	Date of Birth (DD/MM/YYYY)	02/10/1992
Ethnicity Code	WENG	NI Number or NASS Number	TS567596D
First Language	English	Parental Responsibility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Expanded/ Extended Hours Eligibility Code (11-digit code from Childcare Choices)	50359426726	Relationship to child	Father

Attendance details

2a. Attendance details

Term <small>Autumn/Spring/ Summer (please indicate below)</small>	Setting name(s)	No. funded hours per week		No. weeks	Total termly funded hours	Date	Signature or typed name <small>(if returned by email)</small>
		Funded/ Universal	Expanded/ Extended				
Term 1- Spring	1 Running Wild Preschool	15	15	11	330	05/01/20 25	James Miller
	2						
Term 2 – <small>Choose an item.</small>	1						
	2						
Term 3 – <small>Choose an item.</small>	1						
	2						
I understand there may be a charge for consumables. Please ask your childcare provider for more details.						Yes, I understand <input checked="" type="checkbox"/>	

2-year-old funding

3a. 2 year old funding

Economic Criteria			
Do you have a Golden Ticket?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Golden Ticket Ref Number:	<input type="text"/>
Or have you checked your eligibility using the online checker? www.suffolk.gov.uk/two	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Ref Number:	<input type="text"/>
Non-Economic Criteria			
Is your child adopted from care?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Type of evidence provided:	<input type="text"/>
Or has your child been looked after by the Local Authority for 1 day or more?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Type of evidence provided:	<input type="text"/>
Or does your child receive Disability Living Allowance (DLA) or have an Education, Health and Care Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Type of evidence provided:	<input type="text"/>

Other funding

3b. Early Years Pupil Premium and Disability Access Fund (for eligible children)

Early Years Pupil Premium (EYPP)

Early Years Pupil Premium is additional funding that can be claimed by childcare providers to support eligible children's learning and development.

Automated checks for Economic EYPP will be carried out using the information you have added to this PAF. For details about the eligibility criteria please speak to your provider or go to www.suffolk.gov.uk/EYPP

EYPP Non - Economic criteria

Is your child subject to an adoption, child arrangement, special guardianship, or residence order?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Type of evidence provided:	<input type="text"/>
Or has your child been looked after by the Local Authority for 1 day or more?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Type of evidence provided:	<input type="text"/>

Disability Access Fund (DAF)

If your child is in receipt of Disability Living Allowance (DLA) you can nominate **one** provider to receive an extra **£1000 per year** from the Disability Access Fund.

Are you nominating this provider to claim the DAF allowance for your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	DLA evidence provided:	<input type="text"/>
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Parent declaration

4. Parent/Carer Declaration

You must agree to / understand the following declarations before you can start accessing your funded place. Please mark the box to show you agree/understand.

Please refer to the **Suffolk County Council (SCC) CYP Privacy Notice** for information on how your details will be used and shared (www.suffolk.gov.uk/about/privacy-notice/).

I confirm all the childcare provider/s / schools and funded/universal and/or expanded/extended hours my child attends are correct.	<input checked="" type="checkbox"/> I agree
I confirm this provider can claim for the number of hours indicated in section 2.	<input checked="" type="checkbox"/> I agree
I understand I cannot increase the number of funded hours I am claiming during the term.	<input checked="" type="checkbox"/> I understand
I understand if I choose to move my child during a term to a different childcare provider in Suffolk, the new provider will not be able to claim funded hours already claimed this term and I will be expected to pay the new provider .	<input checked="" type="checkbox"/> I understand
I understand this provider can discuss my child's pattern of attendance with the other provider/s stated above so they can confirm where I would like to claim my funded/universal and/or expanded/extended hours.	<input checked="" type="checkbox"/> I understand

Parent/Carer Declaration continued on next page.

FORM: PAF 2024



I understand this provider will check my eligibility for the funding and that information can be shared with Suffolk County Council (SCC) and services within SCC (e.g. School transport, Free school meals, continuing with my child into School Reception Year) and Department for Education (DfE) to confirm my child's eligibility and enable this provider to claim funding on behalf of my child.	<input checked="" type="checkbox"/> I understand
I understand it is a criminal offence to make false claims for funding, and any suspected false claims will be treated seriously, and the appropriate action will be taken.	<input checked="" type="checkbox"/> I understand
I understand the information in this form is sensitive and I take responsibility for this risk if I return this form by email to my childcare provider.	<input checked="" type="checkbox"/> I understand

Authorised by Parent/Carer (PRINT) **JAMES MILLER** Date: **05/0/2025**

Signed (or state returned by email) **RETURNED VIA EMAIL**

Email address (if form is returned electronically your email address will represent signature and your declaration that this claim is correct) **james.miller92@icloud.com**

Provider declaration

For Childcare Provider Office Use Only

5. Provider Declaration

Please refer to the guidance notes before making the following declarations. You must indicate in the boxes to show you agree/understand the declarations before you can offer a funded place.

I have verified the Date of Birth (DoB) evidence provided by the parent/carer and I have selected below which DoB evidence has been seen.		<input checked="" type="checkbox"/> Yes
<input checked="" type="checkbox"/> Birth Certificate	<input type="checkbox"/> European ID Card	<input type="checkbox"/> Passport
Reference number of DoB evidence selected	BB659275	
I confirm that the information given is correct and that the named child is eligible for early education funding during the term/s shown on the PAF.		<input checked="" type="checkbox"/> I agree
I confirm that no more than 15 hours of early education will be taken per week this term or 30 hours where a family is eligible for a total of 30 funded hours per week.		<input checked="" type="checkbox"/> I agree
If applicable, I confirm a copy of the stretched offer agreement is attached to this PAF.		<input type="checkbox"/> I agree
Where applicable, I confirm I have verified eligibility for additional funding. (2-year-old, expanded/extended entitlement, Non-economic EYPP, DAF) before offering a funded place.		<input type="checkbox"/> I agree
I understand it is a criminal offence to make false claims for funding, and any suspected false claims will be treated seriously, and the appropriate action will be taken.		<input checked="" type="checkbox"/> I understand
Name of Childcare Provider / School:	Running Wild Day Nursery	
Provider LoP Number / School Number:	276059	
Authorised by Provider: (PRINT FULL NAME)	REBECCA NEWMAN	
Signed: (or state authorised electronically)	[Redacted]	
Date funding agreed: (dd/mm/yyyy)	[Redacted]	

Important PAF information

If hours do not change, the PAF could be completed **once** a year but we advise this should be checked by parents termly.

If hours may vary, ensure section 2a of PAF is completed each term.

If parents are happy to complete with you, it may result in less mistakes. Alternatively, you can pre-populate forms for parents.

Ensure parents understand that section 2a is the total funded hours claimed per term (not hours attended with provider)

Ensure you have seen date of birth evidence and record this number before headcount week (only do once)

Forms need to be completed before or during headcount week.

List of headcount dates.

[Early Education Funding – Suffolk Learning](#)

Forms can be submitted electronically. Ensure you follow your policy when sending sensitive information via email.

Only when form is fully completed and information checked, does the Provider complete the last section (providers details) before or during Headcount week.

For further guidance on Parent Authorisation forms.

[PAF-Stretched Offer-Ethnicity codes – Suffolk Learning](#)

Stretched funding information

- For further videos, templates and guidance [Stretched Offer – Suffolk Learning](#)

Hours Calculator

Section 1

Provider Name: Provider
Child Name: Child Name
Child DOB: Child DOB

Select Term / Terms for offer: Spring Term
Select Funding Criteria: 3-4 Year Old (Universal 15 Hours)

Funded Weeks	Maximum Number of Funded Weeks Available for Stretched Offer	Maximum Total Available Hours
11	13	162

Section 2

Number of weeks child attending this term	11	Actual hours per week to claim	
Number of Universal hours per week to claim (U.A. 15)		Universal hours per week to claim	
Number of Extended hours per week to claim (E.A. 15)		Extended hours per week to claim	
Offer Type	Term Time	Unallocated hours (E.A. term)	

Suffolk County Council

Please download a new copy for every child to ensure the details are correct.

What is an Early Education Funding audit?

Audits ensure that providers are compliant with the terms set out in the List of Provider (LoP) Agreement [Agreement for Suffolk List of Provider Members – Suffolk Learning](#)

LoP members are audited every 5 years.

If there are any issues identified during an audit, SCC may repeat the process in the following term.

Audit procedure

- **What do EYCS require when carrying out an audit?**

Completed PAFs for the term being audited.
NO PAF = No payment.

A register showing attendance during the relevant term.
This should match the hours indicated on the PAF.

Evidence of children meeting funding eligibility criteria.

A sample of invoices for the relevant term.

Details of the setting's funding offer.

An explanation of additional charges and deposits.

Policies that outline procedures when parents are unable to pay additional charges.

A member of staff to answer questions and receive feedback.

Provider Portal

The Provider Portal is a secure, web-based system allowing an authorised person (registered portal user) to submit Early Education Funding claim.

The authorised person will enter details of the funded children into the Provider Portal, which once you have carried out the required checks, will enable you to submit a claim to the Early Years and Childcare Service for validation.

Registered users MUST NOT share their login details, this is classed as a data breach.

Absent Registered Portal User

If your registered portal user has left your provision or will be absent during the task period, you can change the authorised user by completing a new proforma and submitting to the portal inbox below.

We would recommend that the authorised user is not changed frequently.

Provider Portal – Useful Information

Familiarise yourself with the guidance on Suffolk Learning before completing a headcount task - [Provider Portal Registered Users – Suffolk Learning](#)

Good practice would be to check working parent codes ahead of headcount week. Guidance on Suffolk Learning - [Provider Portal Registered Users – Suffolk Learning](#)

Link a disadvantaged 2YO to the application following the guidance on Suffolk Learning - [Provider Portal Registered Users – Suffolk Learning](#)

- Enter a child and parent/carer details exactly as you have on the PAF. Only enter the detail once on the headcount task and ensure there are no spaces inserted.
- Do not overwrite a record on your headcount task as this causes a duplicate.
- If the columns do not open up on the headcount task there will be missing information to the record (i.e. a working parent code has not been checked or is not valid for use in the current term)
- You must enter parent/carer details in order for EYPP checks to be run.
- Deprivation funding is based on postcode, so please ensure your records are accurate.
- DO NOT end date any children, unless they are leaving your setting.

Provider Portal – Useful Information

- DO NOT add children to your headcount task that you are not claiming Early Education Funding for.
- If you hover over information on your headcount task, details of requirements will be shown (i.e. a blue N – this will tell you that the child is not currently eligible for 2YO funding) you will need to add the working parent code or disadvantaged code to the record to claim funding.
- Enter any 'looked after, Child in Need, Stretched offer etc' in the 'stretched/EYPP' column using the drop down.
- If a child attends another setting, where possible, check what the other setting is claiming to avoid a possible overclaim situation. Check that the parent has completed their PAF correctly at each setting.
- Ensure you complete your headcount task in good time – do not leave it until the last day.
- Double check you have completed all the records correctly before submitting your headcount task – ensure all columns are completed as required.
- It is good practice to take a copy of your headcount task and keep this with your PAF's.

Funding payments

- Currently all providers are paid termly.
- [Remittance information](#)
- [Advance Payment](#) - Each term childminders can request an advance payment based on the number of children and the hours you expect them to attend.

If a child is attending another provider, you should contact that provider to ensure you are both completing the PAF correctly to prevent an overclaim.

Remittance Descriptions

Remittance description	Please pass this information to whoever deals with your provision's finances. The finance person should speak to the registered portal user or SENCo (depending on the query) initially before contacting the EYCS as they may be able to answer the query.
EEF-EYPP-DEPRIVATION	This is your Early Education Funding payment which incorporates the EYPP payment and Deprivation Payment. A report is available within the provider portal for children who attract EYPP.
SEN Inclusion	This a payment for Inclusion fund claims, you will need to check which children your provision has applied for, please check with your SENCo
SEN High Needs	This a payment for High Needs funding claims, you will need to check which children your provision has applied for, please with check with your SENCo
SEN DAF	This a payment for DAF claims