# Temporary application for Free School Meals / Early Years Pupil Premium

Please complete this application form if your family has refugee status and you are currently awaiting your National Insurance (NI) details OR your National Asylum Support Service (NASS) number.

Your child will be eligible for Free School Meals / Early Years Pupil Premium if you receive any of the following:

* Income Support
* Income Based Job Seekers Allowance
* Income-related Employment and Support Allowance
* Child Tax Credit - but no element of Working Tax Credit - and have an annual income (as assessed by HM Revenue and Customs (HMRC)) that does not exceed £16,190
* If you are supported under Part VI of the Immigration and Asylum Act 1999
* Guarantee element of State Pension Credit
* Working Tax Credit during the four week period immediately after your employment finishes or after you start to work less hours per week
* Universal Credit with an annual net earned income of no more than £7,400

All applicants must complete parts 1, 2 and 3 of this form, ensuring the declaration is signed.

1. **Child’s details**

|  |  |  |
| --- | --- | --- |
| Surname of child | First name(s) of child | |
| Date of birth of child (dd/mm/yy) | Nationality of child | |
| Address of child | | |
| Name of School or Setting attending / offered | |  |

1. **Parent/carer’s details**

|  |  |
| --- | --- |
| Surname of parent/carer | First name(s) of parent/carer |
| Date of Birth of parent/carer | NI / NASS number (if received) |
| Relationship to child | Nationality of parent/carer |
| Address of parent/carer: | |
| Telephone Number: | |
| Email: | |

|  |  |
| --- | --- |
| Date of NI / NASS application |  |
| Date of Universal Credit application |  |

1. **Declaration of applicant**

I (Name) .........................................................................................................................

confirm that the information I have provided above is accurate and true.

Information will only be shared with other organisations where this is needed to provide the service you request or if we are under a legal requirement to do so. By completing this form, you confirm that you understand that data will be shared as appropriate to enable the Education Welfare Benefit Service to make periodic checks using the secure benefit checking system to confirm your entitlement to education benefits.

Further details about how we use this data and the rights you have around this can be found on our [privacy](https://www.cambridgeshire.gov.uk/data-protection-and-foi/information-and-data-sharing/privacy-statement/) page. If you have any data protection queries, please contact the Data Protection Officer at [data.protection@cambridgeshire.gov.uk](mailto:data.protection@cambridgeshire.gov.uk)

**Parent/Carer/Guardian with legal responsibility for care of the child**

**Signed: Date:**

**Print Name:**