

Amendment Section: *please select and complete as appropriate*

Full legal name of child: _____

Childs Date of Birth: _____

Parent/Carer name: _____

Date change takes effect: _____

For changes of free entitlement hours please complete the table below:

Setting Name(s)	Please enter total free entitlement hours attended per day					Total number of hours per week	Number of weeks per year (e.g 38, 45, 51)
	Mon	Tue	Wed	Thurs	Fri		
Total Daily Free Hours Attended							

Other changes (e.g. change of address):

I confirm that the changes stated above are accurate and true. I also agree that the information I have provided can be shared with BCC, Department for Education and DWP if required.

Print name _____

Signed _____ Date _____

If there have been no changes since this PPA-E form was initially signed please fill in the section below:
I confirm that there have been no changes since I originally completed the form. I agree that the information I provided can be shared with BCC, Department for Education and DWP if required.

Print name _____

Signed _____ Date _____