Two Year Old Enquiries - Providers

Child's DOB:	**Postcode of home address:**	
Child's forename:	**Child's Surname:**	
Child's gender:	**Ethnicity:**	**First language:**
Address:		
Parent/Carer's Name (s):		
Parent's DOB:		
Parent/ Carer's National Insurance (NI) Number(s) OR NASS number		
Contact details i.e. telephone / email		
Relationship to child:		
Parental responsibility & lives with the child	**Yes**	**No**
Other information/ID seen and checked e.g. birth certificate, red book		

Staff Use Only ********Once eligibility check completed, please ensure this form is disposed of securely*******

Date enquiry received & staff name .....

Criteria Economic ☐ Non-economic ☐
(i.e. benefit related) **(i.e. LAC, DLA)**

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Letter issued to parent Y / N Date .....

If you require further advice with the enquiry, email families@bolton.gov.uk or telephone 332170