

## Free Entitlement Audit Form

Name of Setting:								Manager:		Date of Audit:		Edubase no:			
Funding type (2yo, 15hr, 30hr, EYPP, DAF)	First Name	Surname	Address	Child's Date of Birth	Birth cert	Proof of address	Signed parental agreement	Proof of 2YO/30 code	EYPP completed	Registers/absence/lates recorded - follow up calls/emails	Hours per week	DAF letter	Promotion of Fundamental British Values	Safeguarding/SEND pathways	Notes
<b>Please could you talk us through your funding offer:</b>															
<b>If a parent wanted to use their funded hours only:</b>															
<b>What is your policy if the parent/carer is unable/didn't want to pay for non-food consumables:</b>															
<b>What is your policy if the parent/carer is unable/didn't want to pay for food consumables:</b>															
<b>Are your charges published on your website/family space etc.... (It's mandatory from January 2026) hourly rate, consumables and non-food consumables</b>															
Requirements				Action				Timeframe				LA date and initials when completed			
<b>Recommendations:</b>															
<b>Examples of Good Practice:</b>															
Auditor's Name:				Auditors Signature:				Date Signed:							
Manager/Owner's Name:				Manager/Owners Signature:				Date Signed:							