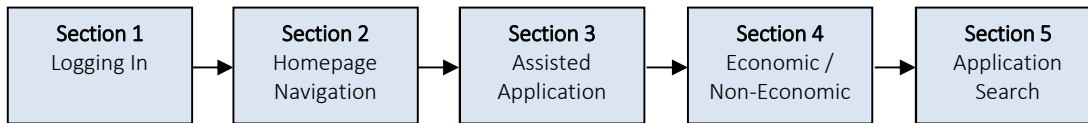| Section 1 Logging In	→	Section 2 Homepage Navigation	→	Section 3 Assisted Application	→	Section 4 Economic / Non-Economic	→	Section 5 Application Search

SECTION 1 – LOGGING IN

Using the Web Address provided in your email.
PLACEHOLDER FOR WEB ADDRESS
Select the address or copy and paste into your Internet Browser address bar.

Login to **Provider Portal** by completing the user name and password fields on the login box; then select.

Log In

Note: If you cannot remember either your Username or Password you can Select the links below the Login button and follow the instructions.

Log In

Username

Password

Log In

Forgotten your username?
Forgotten your password?

The first time you login you will be redirected to an information page and an email will be sent to you with a confirmation Web Address, this is to ensure security.

Register User

We have sent a confirmation email to your registered email address.

The email contains a confirmation link which will bring you back to the main login page.

You must use this link to continue with your registration.

Each subsequent login to the Provider Portal you will be directed to the Homepage as detailed in Section 2.

After following the Web Address sent in the confirmation email you will see the confirmation message displayed.

Registration Confirmed
✓ Thanks, you have confirmed your email address and now may log in

Change Password

Your password must be changed to allow access to the portal.

Current password * 🔑 ••••••••

New password * ✏️ ••••••••••

Confirm new password * ☑ ••••••••••

Change password

During this login you will be prompted to change your password to a memorable one, this must contain at least 10 characters; and must contain Upper Case, Lower Case, Special Character and Two Numbers. E.g. **Password01@**

Please do not use **Password01@** as your new password this is only an example.

Complete the current password, new password, confirm new password fields; and select.

Change password

At the Security Details prompt select a secret question and provide a memorable answer; then select.

Save

Security Details

Please choose a secret question and provide an answer

Secret Question * 🔒 Mothers Maiden Name ▾

Secret Answer * 🔓 ••••••

Save

Congratulations you have now successfully logged in for the first time, and will have access to the Provider Portal.

PLEASE NOTE: Each time you login to the portal, you will need to enter your Username and Password *and* answer your Secret Question.
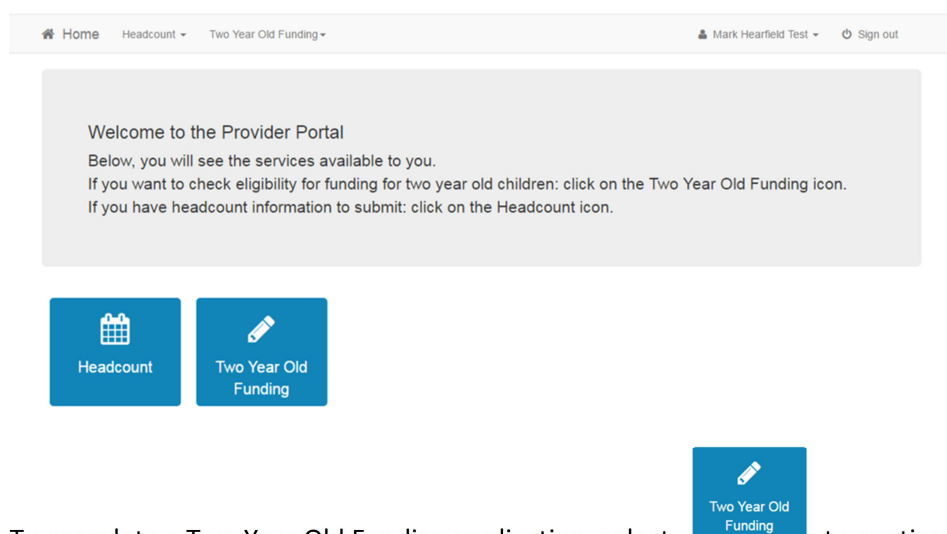
SECTION 2 – HOMEPAGE NAVIGATION
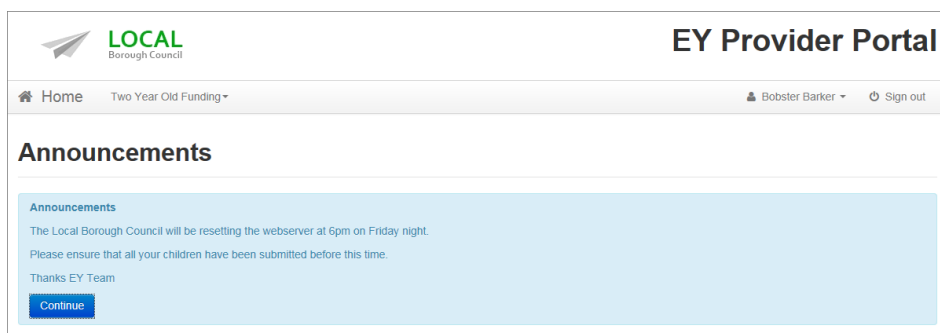
If there are any, the Announcements page will be visible at every login, please read these carefully; select [Continue] to proceed to the Homepage.

If there are no announcements you will be taken straight to the Homepage

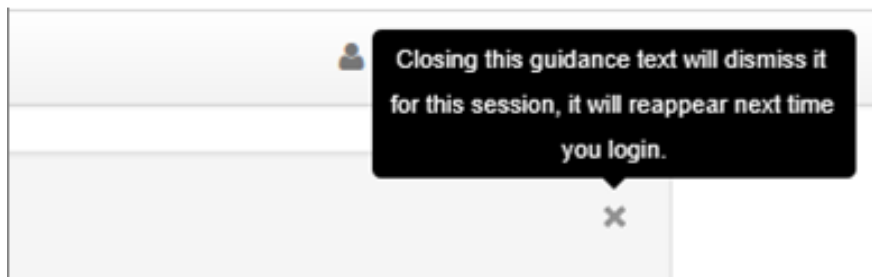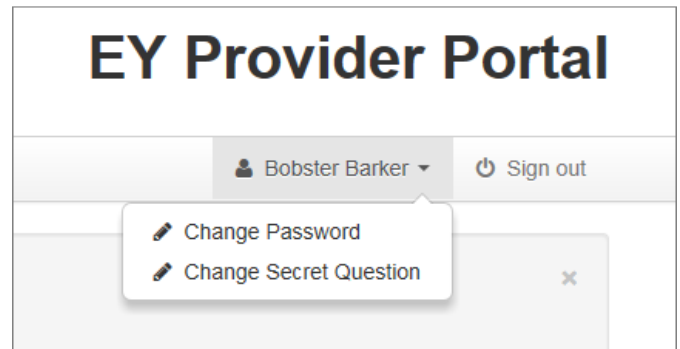

To complete a Two Year Old Funding application, select [Two Year Old Funding] to continue.

On initial login you may not have any Messages to read, the image below shows the TYOF users page, on the left are the application tasks you can complete, on the right are two messages showing both the read and unread icons.
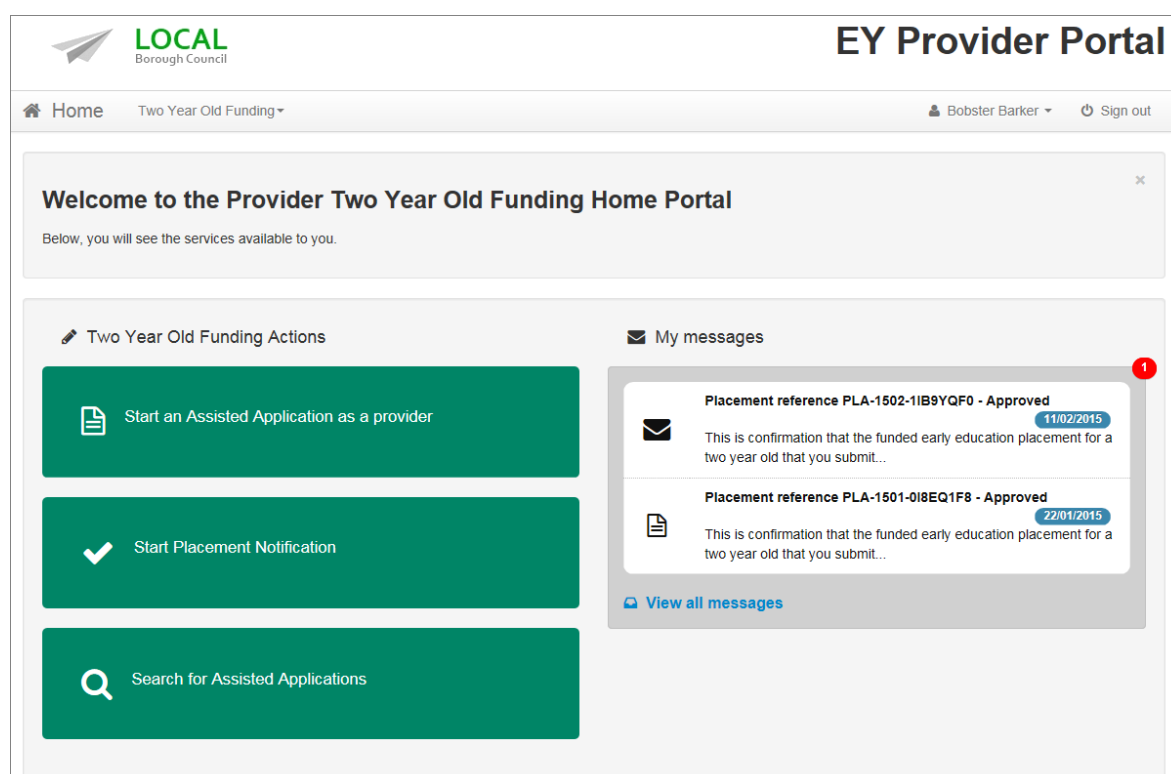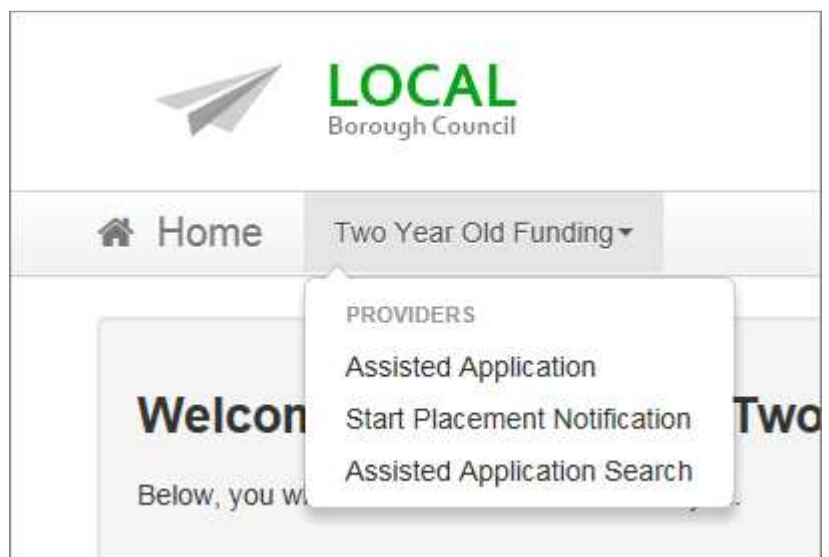
Selecting on your name; Top Right, brings up a menu where you can change your own password or secret question, you can also sign out securely

EY Provider Portal

👤 Bobster Barker ▾   ⏻ Sign out

🖉 Change Password
🖉 Change Secret Question

✕

.

👤 Closing this guidance text will dismiss it for this session, it will reappear next time you login.

✕

Guidance text can be provided, this text can be closed but will become visible again on each new login

Selecting the Two Year Old Funding; Top Left, brings up a menu which replicates the three large buttons on the TYOF home screen.

LOCAL
Borough Council

🏠 Home   Two Year Old Funding ▾

PROVIDERS

Assisted Application

Start Placement Notification

Assisted Application Search

Welcon   Two

Below, you w

Note: These are particularly useful as shortcuts to the applications if you also use the Headcount tasks in the Provider Portal

SECTION 3 – Assisted Application

When a Carer asks for help applying for TYOF you can check their status by selecting `Start an Assisted Application as a Provider`, this will allow you to enter the Child and Carer details to send to the Eligibility Checking System (ECS).

Two Year Old Funding Actions

- Start an Assisted Application as a provider
- Start Placement Notification
- Search for Assisted Applications

Assisted Application

In order to begin an assisted application, you will need to obtain the Date of Birth, and current address, of the child that is the subject of the application. Further details, such as the parent/carer NI Number and Date of Birth, may be needed later in order to complete the application.

Please note: You will not be able to change the child's date of birth or postcode later in this process, if you wish to do so you will need to start a new application from this point.

Child's Date of Birth   31/12/2012

Child's Postcode   MK43 0NE

Cancel   Continue

Enter the Childs DOB and Postcode and select `Continue`.

Enter the Child's Legal Forename and Surname, Gender, Ethnicity and First Language, then select `Find Address`

Add Child

To progress this application, enter the details of the child below

Please note: You cannot change the child's date of birth or postcode from those which you entered on the previous screen. If you have made a mistake then please restart the application.

Forename *   Roberto

Surname *   Pickles

Gender *   ◉ Male
            ○ Female

Date of birth (dd/mm/yyyy) *   31/12/2013

Ethnicity *   MWOE - White/Any other (MWO)   × ▾

First Language *   Believed to be English (ENB)   × ▾

Postcode *   MK43 0NE

Find Address   I don't have a Postcode

* Required field

Highlight an existing Address from those displayed and [Select] to continue.

Note: If you cannot find the address displayed you can select Enter Address Manually and manually populate the address, please check that the postcode used is correct before using this option.

Select [Continue] to store the child details

Enter the Carer details and either choose the existing address or select No to enter a new one, then select [Continue] to store the Carer details

Enter applicant Information

To progress this application, enter the details of the applicant below:

Title	Miss
Forename	Whindy
Surname	Pickles
Gender	○ Male ● Female
Relationship	Mother (PAM)
Parental Responsibility	● Yes ○ No

If the applicant has legal responsibility for this child, select Yes

Address   Does the applicant live at the same address as the child ?
● Yes 34 Church Walk, BEDFORD, Simshire, MK43 0NE
○ No

Back   Continue

SECTION 4 – ECONOMIC / NON ECONOMIC

The Carer may be claiming TYOF due to **Economic** (e.g. Benefits) or **Non Economic** Grounds (e.g. Disability, Child in Care, Adoption)

Claim type

Here you can apply to receive funding for your two year old.

Economic Claim

Here you can make an application for the applicant based on economic grounds. Most applicants will want this option.

Claim on economic grounds

Non-economic Claim

Here you can apply for Two Year Old Funding through non-economic grounds. Applicants for looked after or SEN children should choose this route.

Claim on non-economic grounds

Back

Economic Grounds

Selecting Claim on economic grounds will show you the Carer details to enter their date of birth and either the National Insurance number or the National Asylum Seekers number, then select Continue

Enter applicants economic Information

To validate that the applicant is eligible, enter their economic details of the applicant below:

Forename	Whindy
Surname	Pickles
Date of Birth	21/08/1970

Please enter either:

| National Insurance No. (e.g. AB123456C) | AB142536C |

Or

| National Asylum Seekers No. (e.g. 13 / 07 / 56789) | / / |

Child Details

👤 Roberto Pickles

Gender	Male
Date of Birth	31-Dec-2013
Parental Responsibility	Yes
Relationship	Mother

Back

Continue

You must read carefully and select ☑ I agree to the Legal Declaration before selecting Confirm

Declaration

I declare that the applicant has confirmed that he/she has parental responsibility for the child named in this application and that they live together. The applicant has confirmed that all information he/she has provided as part of this application is correct to the best of his/her knowledge. I have checked with the applicant that he/she agrees that the information given can be shared locally for the benefit of their family.

☑ I agree

Back

Confirm

Once the result is returned you can choose the delivery method to the parent.

Eligibility Result - funded early education for two year old children

✓ The check for eligibility for funded early education has confirmed that Roberto Pickles is eligible.

The applicant will need to keep the information on this page for future reference.

Application reference number for your information:

TYF-1611-FOC1X2F7

Funding for early education for Roberto Pickles is available immediately. Funding will commence from the date, on or after 17/11/2016, when an early education placement is taken up with an approved provider.

The application reference above will help us with enquiries - please store it somewhere safe. If you have any further enquiries about your application or would like to take any further action please contact us at: PO Box 244 Shepherds Bush London E1

How would the applicant prefer to receive the eligibility details?

If none of these methods are appropriate then please note down the application reference number and funding start date for the applicant.

By Email   Via Citzen Portal Account   Printed Copy

Finish

Dear Miss Whindy Pickles

This is confirmation that your child, Roberto, qualifies for funding for early education. You can claim up to 15 hours per week of free nursery education with an approved provider. The provider will claim the funding directly from this Authority after the child's attendance.

Please note that the earliest date from which your child can take up a funded place is **17/11/2016**.

When arranging a funded place with an approved nursery provider, you will need to quote this reference number TYF-1611-FOC1X2F7. It would be helpful if you could show the provider your child's birth certificate and proof of residence at the address you provided at this time.

Please retain this message for future reference and quote reference number TYF-1611-FOC1X2F7 in all correspondence.

If you have any questions regarding your application, please contact us on 01011 123456 or email contact@thisauthority.com

Regards

TYOF Team, This LA

Visit our website

Print

You will need an email address for [By Email] [Via Citzen Portal Account] or you can print out the details.

Send Eligibility Details to Email Address ✕

✉ Please supply the email address to send the eligibility details to:

[   ]

Cancel   Send

Send Eligibility Details to Citizen Portal Account ✕

✉ Please supply the email address of the Citizen Portal account:

[   ]

Cancel   Send

Dear William Pickles

This is confirmation that your child, Roberto, qualifies for funding for early education. You can claim up to 15 hours per week of free nursery education with an approved provider. The provider will claim the funding directly from this Authority after the child's attendance.

Please note that the earliest date from which your child can take up a funded place is **02/03/2015**.

When arranging a funded place with an approved nursery provider, you will need to quote this reference number TYF-1503-LO4AIRF9. It would be helpful if you could show the provider your child's birth certificate and proof of residence at the address you provided at this time.

Please retain this message for future reference and quote reference number TYF-1503-LO4AIRF9 in all correspondence.

If you have any questions regarding your application, please contact us on 01011 123456 or email contact@thisauthority.com

Regards

TYOF Team, This LA

Visit our website

Print

Select [Finish] on the application page to complete the application.

Non-Economic Grounds

Selecting **Claim on non-economic grounds** will show you the options available for the Non-Economic calim.

Non-economic Criteria Selection

Select all of the criteria which applies to your application and please provide the details required for that criteria.

Please note that the maximum amount of evidence you can attach cannot exceed a total of 20MB

- [ ] **Adoption, Residence Order or Special Guardianship** Children who have left care but are not able to return home (through adoption orders, residence orders or special guardianship).

- [ ] **Looked After Child** A "looked after child" is a child who is (a) in the care of a local authority, or (b) being provided with accommodation by a local authority in the exercise of their social services function.

- [ ] **Child has a Special Educational Need (SEN)** Has a current statement of Special Educational Needs or an Education, Health and Care plan.

- [ ] **Child has a disability** Is in receipt of Disability Living Allowance (DLA).

The parent/applicant has confirmed that they have parental responsibility for the child to whom this application relates and that the child resides with them. The parent/applicant has also confirmed that all information provided relating to this application is correct to the best of their knowledge and that this information can be shared for the benefit of their family

- [ ] **The parent/applicant has been made aware of these conditions and has confirmed that they are true**

Back   Continue

Selecting the relevant section will expand it to allow you to populate the details of the claim, and any electronic evidence documents can be attached by selecting **+ Add file** and browsing to the file.

Non-economic Criteria Selection

Select all of the criteria which applies to your application and please provide the details required for that criteria.

Please note that the maximum amount of evidence you can attach cannot exceed a total of 20MB

- [x] **Adoption, Residence Order or Special Guardianship** Children who have left care but are not able to return home (through adoption orders, residence orders or special guardianship).

Please provide details to support your claim relating to the above criteria

> I have attached the evidence.

Please attach any additional evidence relating to the above criteria

+ Add file

Remove   C:\Users\Administrator\D   Browse...

- [ ] **Looked After Child** A "looked after child" is a child who is (a) in the care of a local authority, or (b) being provided with accommodation by a local authority in the exercise of their social services function.

- [ ] **Child has a Special Educational Need (SEN)** Has a current statement of Special Educational Needs or an Education, Health and Care plan.

- [ ] **Child has a disability** Is in receipt of Disability Living Allowance (DLA).

The parent/applicant has confirmed that they have parental responsibility for the child to whom this application relates and that the child resides with them. The parent/applicant has also confirmed that all information provided relating to this application is correct to the best of their knowledge and that this information can be shared for the benefit of their family

---

Note: Multiple evidence documents can be attached

Please attach any additional evidence relating to the above criteria

+ Add file

Remove   C:\Users\Administrator\D   Browse...

Remove   Browse...

Read and Select the decleration before selecting **Continue**

- [x] **The parent/applicant has been made aware of these conditions and has confirmed that they are true**

Back   Continue

Select the method(s) of contact and enter any supplimentary details before selecting **Continue**

Preferred methods of contact

How would the applicant like to be contacted once we have reviewed their application.

Via Email   **Yes** No

Via Citizen Portal   Yes **No**   (only valid where the applicant has already created an account on Citizens Portal)

Via Provider   **Yes** No

A message will always be sent to you via your Provider Portal account when changes are made to this application.

You may add some information below to record a phone number or address at which to contact the applicant when you receive any notifications from the authority.

Please contact Bob at Markness Nursery 07489654232

Back   Continue

Note: If your screen looks like the image above and you do not see Via Post, this is because that option has been turned off by you Local Authority.

Preferred methods of contact

How would the applicant like to be contacted once we have reviewed their application.

Via Email   **Yes** No

Via Post   **Yes** No

Via Citizen Portal   **Yes** No   (only valid where the applicant has already created an account on Citizens Portal)

Via Provider   **Yes** No

A message will always be sent to you via your Provider Portal account when changes are made to this application.

You may add some information below to record a phone number or address at which to contact the applicant when you receive any notifications from the authority.

Bob at Markness Nursery - 07865432123

Back   Continue

Note: If you select Via Citizen Portal, they must have an account associated with the email address.

Populate the contact details of the Parent and select **Continue**

Applicants contact details

Please supply some information so that we can contact the applicant regarding any questions or updates relating to their application.

Telephone number *   📞 0181 765 4563

Email address *   ✉ w.pickles@email.co.uk

Back   Continue

Note: If your screen looks like the image above and you do not see the postal address, this is because that option has been turned off by you Local Authority.

Applicants contact details

Please supply some information so that we can contact the applicant regarding any questions or updates relating to their application.

Telephone number *	☎	07865432314
Email address *	✉	w.pickles@email.co.uk
House Number *	⌂	34
House Name	⌂	
Street Name	⌂	Theramin Close
District / Village	⌂	
Town	⌂	Drokington
County	⌂	Bedfordshire
Postcode *	⌂	MK43 0NE

Back   Continue

Select **Finish** to return to the Home Page, once you have noted the applicant reference for you records.

Application submitted

Your application for Roberta Pickles has been submitted. The applicant will be notified of the result via whichever method of contact which they selected. You will also be notified of the result of your claim by a message to your provider portal account.

Application reference number for your information:

TYF-1503-AHMJF6F6

The application reference above will help us with enquiries - please store it somewhere safe. If you have any further enquiries about your application or would like to take any further action please contact us at: PO Box 244 Shepherds Bush London E1

Finish

SECTION 5 – APPLICATION SEARCH

By selecting Search for Assisted Applications you can check existing application details.

You can filter by Name / Application Reference and search between application dates.

Selecting Search with the default dates will return all applications in the last three months, including the current Status.

Application Type	Applicant	Child's name	Child's Dob	Submission Date	Provisional Eligibility Date	Application Reference	Status
Economic	Billy Kruger	Freddy Kruger	31-12-2012	21-01-2015	21-01-2015	TYF-1501-5SC3GDF9	Approved
Economic	Billy Connolly	Billie Connolly	31-12-2012	11-02-2015	11-02-2015	TYF-1502-D743TFF7	Approved
Economic	Bill Smythe	Bill Smythe	31-12-2012	24-02-2015	24-02-2015	TYF-1502-2RDIWYF6	Approved
Economic	William Pickles	Roberto Pickeles	31-12-2012	02-03-2015	02-03-2015	TYF-1503-LO4AIRF9	Approved
Non-economic	William Pickles	Roberta Pickles	31-12-2012	02-03-2015	02-03-2015	TYF-1503-AHMJF6F6	Not Opened

Selecting an Application from the list provided will display the details.

Application Details

Application Information ⌄

Application Type	Economic
Application Reference	TYF-1503-LO4AIRF9 `Approved`
Eligibility Date	02/03/2015

Provider Details ⌄

Task Created	02/03/2015 10:26:04
User	Bob Barker (BOBB) ✉ bobb@onemast.com
Provider	Markness ☎ 6154789456 ✉ markness@home.com
Address	12 Court Road, Cranfield, BEDFORD, Simshire, MK43 0DR

Chlid Details ⌄

Name	Roberto Pickeles
Gender	Male
Date of Birth	31/12/2012
Address	34 Church Walk, BEDFORD, Simshire, MK43 0NE

Applicant Details ⌄

From	William Pickles
National Insurance No.	AB142536C
Relationship	Father
Parental Responsibility	Yes
Address	34, MK43 0NE
Preferred Method Of Contact	

`Back`   `Resend Voucher`

Note: You can also select `Resend Voucher` to reissue the details to the Parent.