Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group

EARLY YEARS ENTITLEMENT	EYE3
AMENDMENT FORM	

Setting Name: **Postcode:**

This form should be used when the number of hours changes after the headcount date (so this change cannot be noted on the Headcount Form EYE1)

OR

If there are any changes in child details (name, address) at any time during the term.

Surname:	
First Name:	
Date of Birth:	
Post Code:	
Date of Change:	
Amendments to be made: e.g. Name or Address change, Hours changed	*examples –' increase from 10 to 12 hours'* *'child left'*
Parent/Carer Signature:	

Return to: Kate Lamb, Finance Officer, Early Years Education Department,
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