

APPLICATION FOR EARLY LEARNING AND CHILDCARE

1. CHILD'S DETAILS

Forename		Known As	
Surname			
Home Address			
Postcode			

Date of Birth	/ /	Gender	
Birth Certificate No: <i>or in exceptional circumstances only</i> Passport No: <i>The birth certificate number is in 3 parts District/Year of Birth/Entry No. e.g. 763/2013/123 (Scottish) or LON/2013/123 (Other)</i>			

2. FAMILY DETAILS

Relationship to Child	Title	Forename	Surname
Address			
Postcode	Contact Tel Nos		
Authorised to Collect	Yes <input type="checkbox"/> No <input type="checkbox"/>	Emergency Contact	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email Address			

Relationship to Child	Title	Forename	Surname
Address			
Postcode	Contact Tel Nos		
Authorised to Collect	Yes <input type="checkbox"/> No <input type="checkbox"/>	Emergency Contact	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email Address			

3. NAMED PERSON DETAILS *(Health Visitor)*

Job Title	Forename	Surname
Address		
Postcode	Contact Tel No	
Email Address		

4. OTHER PROFESSIONAL (for example Social Worker or Educational Psychologist)

Job Title	Forename	Surname	
Address			
Postcode	Contact Tel No		
Email Address			

5. ELIGIBLE 2 YEAR OLDS

YOUR 2 YEAR OLD CHILD MAY BE ELIGIBLE FOR EARLY LEARNING AND CHILDCARE NOW IF ANY OF THE FOLLOWING CRITERIA APPLIES TO YOU.			
Please indicate below (√) if a parent or carer is in receipt of at least one of the following benefits:			
Income Support		Child Tax Credit ONLY and your annual income is below £16,105.	
Income Based Job Seekers Allowance		Both Maximum Child Tax Credit and Working Tax Credit and your annual income is below £6,420.	
Income Based Employment and Support Allowance		Support under Part VI the Immigration and Asylum Act 1999	
Incapacity Benefit or Severe Disablement Allowance		Universal Credits	
State Pension Credit			
OTHER QUALIFYING CRITERIA			
Please indicate below (√) if the child is:			
Looked After by a Local Authority		Under a Kinship Care Order	
Living with a Parent-appointed Guardian			
If you are currently in receipt of Free School Meals or Clothing Grant for another child, please provide details:			
Child's Name:		School	

6. NURSERY CHOICE

WHICH NURSERY DO YOU WISH YOUR CHILD TO ATTEND	
<i>Please list up to 3 choices in priority order, whilst we will try to offer your first choice this cannot be guaranteed. PLEASE RETURN THE COMPLETED FORM TO YOUR FIRST CHOICE NURSERY.</i>	
* Go to www.edinburgh.gov.uk/nursery for a list of nurseries providing places for Eligible 2 year olds*	
1.	
2.	
3.	
<i>If a place cannot be made available in your first choice of nursery you may wish to attend another nursery this year but you must advise the head teacher of the nursery of your first choice if you wish to remain on the waiting list for this year.</i>	

- Most Council nurseries offer 5 AM or 5 PM sessions of 3hrs 10mins each day (enter AM or PM)
- Most Partner Nurseries offer full days or part days (enter hours required) e.g. 8am - 6pm/9am - 3pm / 9am to 12:30pm or any combination of hours your child requires.

	Monday	Tuesday	Wednesday	Thursday	Friday
Sessions					

Is your child attending another nursery?

Centre Name		Total Hours per week	
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Have you submitted an application to any other nursery, if so where?

Centre Name	
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7. CHILD'S HEALTH INFORMATION

Health Conditions

Any long-term illness, medical condition or disability? Yes No

If yes, please provide details _____

If yes, has there been a professional assessment identifying a disability? Yes No

If yes, can you provide copies of the professional assessment? Yes No

Doctor's Details

Health Board _____ Practice _____

Do you have any concerns about your child? Yes No (please tick as appropriate)

Sight	<input type="checkbox"/>	Hearing	<input type="checkbox"/>
Speech/Language	<input type="checkbox"/>	Coordination and movement	<input type="checkbox"/>
Behaviour	<input type="checkbox"/>	Toileting	<input type="checkbox"/>
Other	<input type="checkbox"/>		

Please provide any relevant details _____

Dietary Requirements

Any special dietary requirements? Yes No

If yes, please provide details _____

8. ETHNIC BACKGROUND

Please tick **ONLY ONE** of the following categories

- | | | |
|---|---|--|
| <input type="checkbox"/> African – African/British/Scottish | <input type="checkbox"/> Caribbean or Black
Caribbean/British/Scottish | <input type="checkbox"/> White Gypsy Traveller |
| <input type="checkbox"/> African – Other | <input type="checkbox"/> Caribbean or Black – Other | <input type="checkbox"/> White – Irish |
| <input type="checkbox"/> Asian – Bangladeshi/British/Scottish | <input type="checkbox"/> Mixed or multiple origins | <input type="checkbox"/> White – Other |
| <input type="checkbox"/> Asian – Chinese/British/Scottish | <input type="checkbox"/> Not Disclosed | <input type="checkbox"/> White – Other British |
| <input type="checkbox"/> Asian – Indian/British/Scottish | <input type="checkbox"/> Not known | <input type="checkbox"/> White – Polish |
| <input type="checkbox"/> Asian – Other | <input type="checkbox"/> Other – Arab | <input type="checkbox"/> White – Scottish |
| <input type="checkbox"/> Asian – Pakistani/British/Scottish | <input type="checkbox"/> Other – Other | |

If other, please provide details _____

Languages Spoken

Main Home Language _____

Additional Language(s) _____

9. DECLARATION OF PARENT/CARER

I declare that the information on this form to be correct to the best of my knowledge.

Parent/Carer Name (please print) _____

Signature _____ Date _____

Data Protection

The processing of your personal information by City of Edinburgh Council is carried out in accordance with the Data Protection Act 1998. The information contained within this form will be used to process your application for early learning and childcare. Where appropriate, we may have to share information with other departments and agencies working with or on behalf of City of Edinburgh Council.

THIS FORM AND RELEVANT DOCUMENTATION SHOULD BE RETURNED TO THE NURSERY

All application forms must be taken to the 1st choice nursery along with the following:

- *Child's Birth Certificate or in exceptional circumstances only the Passport*
- *Proof of Child's Home Address – e.g. Council Tax Letter or Utility Bill*

Eligible 2 year olds Applications must also submit:

- *Proof of parent/carers benefit, e.g. Award Letter (see section 3)*

NB – Applications cannot be accepted if this information is not provided

For a list of nurseries providing Eligible 2's places go to www.edinburgh.gov.uk/nursery

FOR OFFICE USE ONLY:

To be completed by Nursery Staff for all Applications

Funding Start Date ____ / ____ / ____ Completed by: _____

No of hours per week: _____ Date: _____

Proof of Birth Seen: Yes No (*preferably Birth Certificate*)

Birth Certificate Number: ____ / ____ / ____

The birth certificate number is in 3 parts District/Year of Birth/Entry No. e.g. 763/2013/123 (Scottish) or LON/2013/123 (Other)

or Passport Number: _____ (*in exceptional circumstances only*)

Proof of Address Seen: Yes No

Details of Named Person and any Other Professional entered: Yes No
("Other Professional" details should be added as an additional contact under "Family Details" on NAMS)

To be completed by the Nursery/Playgroup for Applications for Eligible 2s Only

Proof of Qualifying Benefit Seen: Yes No

Other Qualifying Criteria: _____

EARLY LEARNING & CHILDCARE APPLICATION FORM

Completion Advice Note for Parents/Carers

Identification Documents

You are required to provide your **child's birth certificate** or in exceptional circumstances, their passport. Please take this to the nursery when you submit the application. This will create a unique identification record for your child.

We also require **proof of your child's home address**, usually a Council Tax Letter or Utility Bill which should also be brought with the application

If you are applying for an Eligible 2 year old, you will also be required to bring proof of parent/carers benefit e.g. Award Letter (**see section 5**)

NB – Your application will not be accepted if this information is not provided.

Funding eligibility

Children become eligible to receive funding for early learning and childcare usually in the term after their 2nd birthday (for eligible 2's) or 3rd birthday for all other children. Please refer to the table below:

Date of Birth Falls Between			Eligible from
1 March	–	31 August	August (Autumn Term)
1 September	–	31 December	January (Spring Term)
1 January	–	28 February	April (Summer Term)

For 3 to 5 year olds it may be possible to split your child's nursery entitlement between two nurseries, however both centres must agree with this arrangement. Priority for funding will be given to the local authority centre.

Child Health Information

If you answer **YES** to any of the questions in this section, please provide full details. To help the nursery understand and provide for your child's needs, please tell us about any additional needs your child may have and about other professionals who may be involved with them.

Please make sure that contact details are provided for the child's Doctor, Health Visitor (Named Person) and any other Professional working with the child.

Ethnic Background

We have a responsibility to offer an education service that meets the needs of all children. The information we ask you to provide will be treated as private and confidential.

Eligible 2 Year olds

For more information and a list of nurseries providing Eligible 2's places go to www.edinburgh.gov.uk/nursery