**Name of Nursery:**

|  |
| --- |
| **APPLICATION FOR EARLY LEARNING AND CHILDCARE** |

1. **CHILD’S DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename |  | Known As |  |
| Surname |  |
| Home Address |  |
| Postcode |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of BirthDay/Month/Year |  | Gender |  |
| Birth Certificate No:*or in exceptional circumstances only* Passport No:*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)* |

1. **FAMILY DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship to child: | Title: | Forename: | Surname: |
| Address:  |
| Postcode:  | Contact Tel. No’s |  |
| Authorised to Collect | Yes [ ]  No [ ]  | Emergency Contact | Yes [ ]  No [ ]  |
| Email address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship to child: | Title: | Forename: | Surname: |
| Address:  |
| Postcode:  | Contact Tel. No’s |  |
| Authorised to Collect | Yes [ ]  No [ ]  | Emergency Contact | Yes [ ]  No [ ]  |
| Email address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship to child: | Title: | Forename: | Surname: |
| Address:  |
| Postcode:  | Contact Tel. No’s |  |
| Authorised to Collect | Yes [ ]  No [ ]  | Emergency Contact | Yes [ ]  No [ ]  |
| Email address |  |

1. **TERRIFIC 2 YEAR OLDS**

|  |
| --- |
| **YOUR 2-YEAR-OLD CHILD MAY BE ELIGIBLE FOR EARLY LEARNING AND CHILDCARE 1 WEEK****AFTER THEIR SECOND BIRTHDAY IF ANY OF THE FOLLOWING CRITERIA APPLIES TO YOU.** |
| **Please indicate below (**[x] **) if a parent or carer is in receipt of at least one of the following benefits:** |
| Universal Credit where household take-home pay is £850 a month or less | [ ]  | Income Support | [ ]  |
| Income Based Job Seekers Allowance | [ ]  | Income Based Employment and Support Allowance | [ ]  |
| Support under Part VI the Immigration and Asylum Act 1999 | [ ]  | Incapacity Benefit or Severe Disablement Allowance | [ ]  |
| State Pension Credit | [ ]  |  |  |
| **OTHER QUALIFYING CRITERIA** |
| **Please indicate below (**[x] **) if child is:** |
| Looked After or is considered to be at risk of becoming looked after by a Local Authority | [ ]  | Under a Kinship Care Order | [ ]  |
| Living with a Parent-appointed Guardian | [ ]  | Care Experienced or has a parent who is Care experience will also be entitled to an Eligible 2’s funded place. | [ ]  |
| In temporary accommodation/homeless | [ ]  | Or if the family has: Graduated from the Family Nurse Partnership (FNP) | [ ]  |
| If you are currently in receipt of Free School Meals or Clothing Grant for another child, please provide details:**Child’s Name**: **School:**  |

1. **NURSERY CHOICE**

|  |
| --- |
| **WHICH NURSERY DO YOU WISH YOUR CHILD TO ATTEND***Please list 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.* ***\* Go to*** [***Places for two year olds - Local Authority***](https://www.edinburgh.gov.uk/directory/10191/early-learning-and-childcare/category/10455) ***for a list of nurseries providing places for Terrific 2’s*** |
| **1.** | Sibling attending this nursery/school: Yes [ ]  No [ ] (Category 4 - If yes please provide name & stage below)Name: Stage: |
| **2.** |  |
| **3.** |  |
| *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.*  |

**Local authority settings only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Year** | **Monday & Tuesday****With additional Flexi Fridays.** | **Wednesday & Thursday****With additional Flexi Fridays** | **Mornings** | **Afternoons** |
| **Session Choice** |[ ] [ ] [ ] [ ]

or

|  |  |
| --- | --- |
| **Term time*** August to Dec
* January to April
* April to June
 | **Monday to Thursday 8.30am – 3pm & Friday 8.30am – 12.30pm** |[ ]

**Partner Provider nurseries**

**(please contact the partner direct about applying if this is your first-choice nursery)**

* Most Partner nurseries offer full days or part days (enter hours required. e.g. 8am – 6pm or 9am-12.30pm

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sessions** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |

Is your child attending another nursery? If yes, please enter details below.

|  |  |
| --- | --- |
| Setting Name:  | Total hours per week: |

Have you applied to any other nursery, if so where?

|  |
| --- |
| Setting Name: |

1. **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 [ ]

**Doctors Details**

Health Board (e.g. Lothian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any concerns about your child?** Yes [ ]  No [ ]

*(Please tick as appropriate)*

Sight [ ]  Hearing [ ]

Speech & Language [ ]  Co-ordination and movement [ ]

Behaviour [ ]  Toileting [ ]

Other [ ]

Please provide relevant details:

|  |
| --- |
|  |

**Dietary Requirements**

Any special dietary requirements? Yes [ ]  No [ ]

If yes, please provide details:

|  |
| --- |
|  |

1. **ETHNIC BACKGROUND**

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

|  |  |  |
| --- | --- | --- |
| [ ]  African – African/British/Scottish[ ]  African - Other[ ]  Asian – Bangladeshi/British/Scottish[ ]  Asian – Chinese/British/Scottish[ ]  Asian – Indian/British/Scottish[ ]  Asian – Pakistani/British/Scottish[ ]  Asian – Other | [ ]  Caribbean or Black - Caribbean/British/Scottish[ ]  Caribbean or Black – Other[ ]  Mixed or multiple origins[ ]  Not Disclosed[ ]  Other Arab[ ]  Other - Other | [ ]  White Gypsy Traveller[ ]  White – Irish[ ]  White - Other[ ]  White - Other British[ ]  White – Polish[ ]  White - Scottish |

1. **LANGUAGES SPOKEN**

Main home language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional language(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **CHILD’S RELIGION**

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

[ ]  Buddhist [ ]  Sikh [ ]  Not disclosed

 [ ]  Christian [ ]  Jewish [ ]  Not Known

 [ ]  Christian (RC) [ ]  Muslim [ ]  Other Please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Hindu [ ]  None

1. **NATIONAL IDENTITY**

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

[ ]  British [ ]  Scottish [ ]  Not Known

[ ]  English [ ]  Welsh [ ]  Other

[ ]  Northern Irish [ ]  Not Disclosed

If other, please provide details:

1. **DECLARATION**

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 2018. 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

1. **THIS SECTION TO BE COMPLETED BY NURSERY/SCHOOL STAFF**

|  |
| --- |
| **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)***To be completed by the Nursery/Playgroup for applications for Terrific 2s Only**Proof of qualifying Benefit seen: Yes [ ]  No [ ] Other qualifying criteria \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**THIS FORM AND RELEVANT DOCUMENTATION SHOULD BE RETURNED TO THE NURSERY**

|  |
| --- |
| **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 bring with the application If you are applying for a Terrific 2 year old, you will also be required to bring proof of parent/carers benefit e.g. Award Letter **(see section 3)****If you** **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 3rd birthday or week after they turn 2 for Terrific 2’s. 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 a local authority and private nursery, 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.** |
| **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. |
| **Terrific 2 Year olds** |
| For more information and a list of nurseries providing Terrific 2’s places goto [Nursery places for two-year olds](https://www.edinburgh.gov.uk/nurseries-childcare/nursery-places-two-year-olds?documentId=12017&categoryId=20071) **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*

**Terrific 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 Local Authority nurseries/partner providers providing Terrific 2’s places if available please see below links** **Local Authority -** [For two year olds – The City of Edinburgh Council](https://www.edinburgh.gov.uk/directory/10191/early-learning-and-childcare/category/10455)**Partner Provider -** [Partner provider nurseries – The City of Edinburgh Council](https://www.edinburgh.gov.uk/directory/10191/early-learning-and-childcare/category/10454) |