**** Argyll and Bute Council

Early Learning and Childcare (ELC) Application Form

Session 2018/2019

Name of Provider: ………………………………………………………………………………

Name of previous Provider if applicable: …………………………………………….

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Changes to any of the information you have provided **must** be notified in writing to the Early Learning and Childcare Provider immediately. | | | | |
|  | | | | |
| 1. Your child’s birth certificate must be shown at time of registration. 2. Under the current Data Protection Legislation, you are entitled to know what personal data information Argyll and Bute Council hold about you and your child. Applications should be made to the Head of Centre/Nursery Manager within your child’s Early Learning and Childcare setting. Extracts of the information will be shared with the Scottish Government for statistical purposes and with the National Health Service. | | | | |
|  |  |  |  |  |
|  | | | | | |
| 1. All sections must be completed. | | | | |

**Child Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename |  | Surname (as per birth certificate |  |
| Known as |  | Date of Birth |  |
| Gender (M/F) |  |  | |
| Child’s Home Address |  | | |
| Postcode |  | Home Tel No: |  |

**Family Details**

1. Throughout this application, the word ‘parent’ should be interpreted as including the child’s carer or legal guardian.
2. The mobile number for the main parent may be used to contact parents by SEEMiS Text Messaging Service.
3. When a child is ill or hurt, we will make contact as per chosen priority below in the first instance. However, in emergency contact section, please provide details of an emergency contact that can collect your child from your provider if you are unavailable.
4. All sections must be completed.

**Parent 1 Parent 2**

|  |  |  |
| --- | --- | --- |
| Main Application (parent 1 will be primary contact person for the ELC Provider) | | |
| Relationship to child i.e. Mother/Father/guardian |  |  |
| Title (Mr, Mrs etc) |  |  |
| Forename |  |  |
| Surname |  |  |
| Address (tick if same as child)  Postcode |  |  |

**Family details continued... Parent 1 Parent 2**

|  |  |  |
| --- | --- | --- |
| Daytime Telephone |  |  |
| Mobile Number |  |  |
| Email address |  |  |
| Preferred contact e.g. email, letter, mobile SMS |  |  |
| Place of work if applicable |  |  |
| Can be contacted in an emergency | Yes/No | Yes/No |
| Can collect child | Yes/No | Yes/No |

**Parent (s) not living with child**

|  |  |  |
| --- | --- | --- |
| Relationship to child i.e. Mother/Father/guardian |  |  |
| Title (Mr, Mrs etc) |  |  |
| Forename |  |  |
| Surname |  |  |
| Address  Postcode |  |  |
| Daytime Telephone |  |  |
| Mobile Telephone |  |  |
| Email address |  |  |
| Can be contacted in an emergency | Yes/No | Yes/No |
| Can collect child | Yes | No |

**Emergency Contacts**

|  |  |  |
| --- | --- | --- |
|  | Emergency contact 1 | Emergency contact 2 |
| Title (Mr, Mrs etc) |  |  |
| Forename |  |  |
| Surname |  |  |
| Address (tick if same as child)  Postcode |  |  |
| Daytime Telephone |  |  |
| Mobile Number |  |  |
| Email address |  |  |
| Relationship to child i.e. Mother/Father/Grandparent |  |  |

**Early Learning and Childcare Provider choice**

|  |  |
| --- | --- |
|  | Provider Name |
| 1st choice |  |
| 2nd choice |  |
| 3rd choice |  |

**Shared Placement (i.e. requesting funded hours across two different Providers)**

|  |  |  |
| --- | --- | --- |
|  | Yes\* | No |
| Are you requesting a shared placement? |  |  |
| \*Please fill out a registration form at both Early Learning and Childcare settings | | |

**Hours Requested \***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Wed | Thurs | Fri |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |

*\*While the Early Years Service aims to be aware of parents’ needs and would wish to be supportive in meeting the requirements it will not always be possible to offer the first choice provider or choice of hours.*

**Child Health Information**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Does your child have any long term illness, medical condition or disability |  |  |
| If yes, please give a brief description |  | |
| Does your child have a disability? |  |  |
| Has there been a professional assessment confirming disability? |  |  |
| Can you provide copies of professional assessment? |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Does your child have additional support needs (ASN)? |  |  |
| If yes, does your child have a ‘Child’s Plan’? |  |  |
| Details of ASN |  | |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Does your child have any allergies e.g nuts? |  |  |
| If yes, please give details |  | |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Are there any other health problems of which we should be aware? |  |  |
| If yes, please give details |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| GP Practice and name |  | Telephone Number |  |
| Address |  | | |
| Name of Health Visitor |  | | |

**Looked After Children**

A child is looked after when:

-He or she is the subject of a supervision requirement at home, with relatives or friends in accommodation (I.e. foster/residential care or residential school).

-He or she is accommodated by the Council under section 25 of the children (Scotland) Act 1995 where the Council has a duty to safeguard welfare.

-He or she is the subject of a place of safety order, child protection order or parental responsibility order.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Is your child ‘Looked After’? |  |  |

**Ethnic Background - Ethnic Origin (please tick)**

|  |  |  |  |
| --- | --- | --- | --- |
| White Scottish | African – African/Scottish/British | Caribbean or black – Other | Not Disclosed |
| White Other | Asian – Indian/British/Scottish | Caribbean or black – Caribbean/British/Scottish | Not Known |
| White Gypsy/Traveller | Asian – Pakistan/British/Scottish | Asian – Bangladeshi/British/Scottish |  |
| White – Other British | Asian – Chinese/British/Scottish | African -Other |  |
| White - Polish | Mixed or multiple ethnic groups | Other- Arab |  |

**Child’s Religion (please tick)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Buddhist | Christian | Hindu | Jewish | Muslim |
| Sikh | Not Disclosed | Other | Not Known | None |
| If not stated, please state religion here | | | | |

**National Identity (please tick)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Scottish | English | Northern Irish | Welsh | British | Not Disclosed | Not Known | Other |
| If not stated above, please state national identity here | | | | | | | |

**Asylum Status – please tick one category (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Asylum Seeker |  | Refugee |  |

**Main Home Language**

|  |  |
| --- | --- |
| English as main language | Yes/No |
| Please tell us the main language spoken if not English |  |
| Please state all additional languages |  |

**Intended Primary School**

If known please state the name of the primary school you intend to send your child to

|  |  |
| --- | --- |
| Name of School |  |

**Marketing Information**

To assist us in our marketing strategies please tick below to indicate how you were informed of the registration process

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Local Press | National Press | Local Primary School | From Provider | Council Building e.g. libraries, community centres |
| Friends/relations | Doctor surgeries | Family Information Service | Other: Please explain | |

**Additional Information to Support Application**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Do you have any other children who also attend this Early Learning and Childcare setting or school? |  |  |
| Would you like your child to attend Gaelic Early Learning and Childcare? |  |  |

**Armed Forces Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent is currently a serving member or has previously served in the Armed Forces (please complete below as appropriate) | | | |
| Regular: | Reserve: | Veteran: | Not applicable: |
| Parent does not wish to disclose this information: | | | |

**Declaration**

*Current data protection legislation requires us to publish Privacy Notices to tell you why and how we will process your information. You can view all Privacy Notices on our website at* [*https://www.argyll-bute.gov.uk/privacy-notices*](https://www.argyll-bute.gov.uk/privacy-notices)

*If you need this in an alternative format please contact School Support on 01369 704000.*

Signed (Parent/Guardian) …………………………………………... Date …………………………………

|  |  |
| --- | --- |
| **For setting/office use only:** | |
| **Admission Date** | **Date record transferred to NAMS** |
| **Birth certificate Number** | **Passport number** |

|  |  |
| --- | --- |
| **Category Assigned** |  |
| **Head Teacher/Provider Name** |  |
| **Head Teacher/Provider Signature** |  |