

## 1140 HOURS APPLICATION FORM

### 1. Community and Nursery Information – details of the community you wish to apply for a place.

Newton Mearns*	<input type="checkbox"/>	Giffnock/Thornliebank	<input type="checkbox"/>
Busby/Clarkston/Eaglesham	<input type="checkbox"/>	Barrhead/Neilston	<input type="checkbox"/>

\*ASN provision

Please note that we will endeavour to give you your choice however there is no guarantee of this. Where applications received exceeds the places available, a ballot will take place.

### 2. Nursery Information – details of the provision required.

(Please note that we will endeavour to give you your choice however there is no guarantee of this.)

Please tick one box indicating the provision you wish to be considered for:

#### Nursery Classes Only

5 sessions from 9.00am – 3.00pm per week during term time (Core Hours)

3 sessions from 8.00am – 6.00pm per week during term time (Extended Provision)

#### Family Centres Only

5 sessions of 4 hours 45 minutes per week (half days over 48 weeks) (Stretched A)  
8.00am – 12.45 pm or 1.00 – 5.45pm

2 sessions of 9 ½ hours (8.00am-5.30pm) and 1 session of 4 hours 45 minutes per week  
(mix of full days and half days over 48 weeks) (Stretched B – Mon/Tues/WedAM OR WedPM/Thur/Fri)

**Please note all local authority establishments close for public holidays and school in-service days.**

### 3. Details of Child

Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_ Male  Female

Has your child been known by any other name? No  Yes

(Please provide details) \_\_\_\_\_

Date of Birth       Age of child at the date of application

Does your child currently receive 600 hours ELC? No  Yes

Name of establishment currently attended: \_\_\_\_\_

Mother's/Carer's Name \_\_\_\_\_

Father's/Carer's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

\*email address \_\_\_\_\_

email address \_\_\_\_\_

\*Please note that acknowledgment of your application will be sent by email, if one is provided.

4. Please refer to the attached priority list and indicate to which band you judge your child belongs.

**5. Additional Information**

Please provide any additional information that you think will support your application.

The information you supply on this form will be used by East Renfrewshire Council to process your application for a placement in an early learning and childcare setting. We will use your information to verify your identity where required, contact you by post email or telephone and to maintain our records. The council will use this information because we need to do so to perform a task carried out in the public interest. If you do not provide us with the information we have asked for then we will not be able to provide this service to you. You can find out more about how we handle this information and your rights in respect of it by going to [www.eastrenfrewshire.gov.uk/privacy](http://www.eastrenfrewshire.gov.uk/privacy). If you do not have access to a computer and wish a paper copy please contact your early learning and childcare establishment.

***Declaration of Parent /Carer: –***

I confirm that the information given in this application form is accurate\*.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

***\*NB If any of the information provided on this form is found to be incorrect at any time, any place offered may be withdrawn.***

Please return completed form to Business Support Section  
East Renfrewshire Council  
Education Department  
211 Main Street  
BARRHEAD  
G78 1SY

Contact Telephone Number: 0141 577 3288

Email [earlylearningandchildcare@eastrenfrewshire.gov.uk](mailto:earlylearningandchildcare@eastrenfrewshire.gov.uk)

OFFICE USE ONLY: Once Completed **PROTECT**