**

Fife Council Early Learning and Childcare

Application Form 2021-2022

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| **TYPE OF NURSERY PLACE *(please tick)*** | |  | | 3+4 Year-Old Place |
|  | | | | |
| 1. **CHILD’S DETAILS** | | | | |
|  |  |  |  | |
| **Forename(s)** | | **Known As** | | |
| **Surname** | | | | |
| **Date of Birth** | | **Gender (please tick)**  Male  Female | | |
| Please enter birth certificate **OR** passport details – this is used to create a unique record for your child | | | | |
| Birth Certificate Country of Issue ………………………  Birth Certificate Number ……………...………………………… | | Passport Country of Issue ……………………….  Passport Number ………………………………… | | |
| *For UK birth certificates the number is in 3 parts: District/Year of Birth/Entry No. e.g. 763/2013/123 (Scottish) or LON/2013/123* | | | | |
| **Address**  **Postcode** | | | | |
| **Telephone No** | | | | |

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| 1. **FAMILY DETAILS** | | | |
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| **Main Contact *(Applicant)*** | | | |
| **Title** | **Forename** | | **Surname** |
| **Gender (please tick)**  Male  Female | | **Can Collect Child (please tick)**   Yes  No | |
| **Email Address** | | | |
| **Address (if different from child’s address)**  **Postcode** | | | |
| **Daytime Phone No** | | | |
| **Home Phone No** | | | |
| **Mobile Phone No** | | | |
| **Contact in emergency (please tick):**  Yes  No | | **Relationship to child …………………………………….** | |
|  | | | |
| **Additional Contact(s) - *please list ALL******individuals with parental responsibility for the child*** | | | |
| **Title** | **Forename** | | **Surname** |
| **Gender (please tick)**  Male  Female | | **Can Collect Child (please tick)**  Yes  No | |
| **Email Address** | | | |
| **Address (if different from child’s address):**  **Postcode** | | | |
| **Daytime Phone No** | | | |
| **Home Phone No** | | | |
| **Mobile Phone No** | | | |
| **Contact in emergency (please tick)**  Yes  No | | **Relationship to child …………………………………….** | |

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| **Additional Contact(s) - *please list all individuals with parental responsibility for the child*** | | | |
| **Title** | **Forename** | | **Surname** |
| **Gender (please tick)** 🞏 Male 🞏 Female | | **Can Collect Child (please tick)** 🞏 Yes 🞏 No | |
| **Email Address:** | | | |
| **Address (if different from child’s address)**  **Postcode** | | | |
| **Daytime Phone No** | | | |
| **Home Phone No** | | | |
| **Mobile Phone No** | | | |
| **Contact in emergency (please tick)** 🞏 Yes 🞏 No | | **Relationship to child: …………………………………….** | |

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| **Additional Contact(s) - *please list all individuals with parental responsibility for the child*** | | | |
| **Title** | **Forename** | | **Surname** |
| **Gender (please tick)** 🞏 Male 🞏 Female | | **Can Collect Child (please tick):** 🞏 Yes 🞏 No | |
| **Email Address** | | | |
| **Address (if different from child’s address)**  **Postcode** | | | |
| **Daytime Phone No** | | | |
| **Home Phone No** | | | |
| **Mobile Phone No** | | | |
| **Contact in emergency (please tick)** 🞏 Yes 🞏 No | | **Relationship to child: …………………………………….** | |

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| --- | --- | --- | --- |
| **Additional Contact(s) - *please list all individuals with parental responsibility for the child*** | | | |
| **Title** | **Forename** | | **Surname** |
| **Gender (please tick)** 🞏 Male 🞏 Female | | **Can Collect Child (please tick)** 🞏 Yes 🞏 No | |
| **Email Address** | | | |
| **Address (if different from child’s address)**  **Postcode** | | | |
| **Daytime Phone No** | | | |
| **Home Phone No** | | | |
| **Mobile Phone No** | | | |
| **Contact in emergency (please tick)** 🞏 Yes 🞏 No | | **Relationship to child …………………………………….** | |

Section 3 ……PTO

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| 1. **NURSERY CHOICE** |

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| Please list up to **5** choices when applying for Fife Council provision (**Please note not all session types are available in every nursery**). To find out what sessions are offered please go to [www.fife.gov.uk/earlyyears](http://www.fife.gov.uk/earlyyears) and visit the Early Learning & Childcare (Admissions) tab. An example of how to complete this section can be found in the guidance notes at the back of this application.  Whilst we will try to offer you one of your choices this cannot be guaranteed.  By providing five choices, where we are unable to offer you your first choice we will consider the remaining choices in numerical order. | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | **Name of**  **Fife Council Nursery** | **Session Type**   1. 6 hrs Mon -Fri, (Term Time) 2. 4hrs 40 **am** Mon -Fri, (49 weeks) 3. 4hrs 40 **pm** Mon -Fri, (49 weeks) 4. 10hrs Mon and Tue and Wed am (46 weeks) 5. Wed pm and 10hrs Thur and Fri (46 weeks)   ***Note: please make sure the session type you are asking for is available in the nursery*** ***requested*** | **Please Tick the days you wish your child to attend**  ***Note: if you request specific days only, you will only be able to change/increase these days at a later date if they are available*** | | 1st choice |  |  | Mon  Tue  Wed  Thu  Fri | | 2nd choice |  |  | Mon  Tue  Wed  Thu  Fri | | 3rd choice |  |  | Mon  Tue  Wed  Thu  Fri | | 4th choice |  |  | Mon  Tue  Wed  Thu  Fri | | 5th choice |  |  | Mon  Tue  Wed  Thu  Fri | | | | | | |
| Requested start date if later than the date your child is eligible for a funded place  August 2021  January 2022  April 2022 | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Will your child attend more than one funded provider at the same time** i.e. will they be in shared care? | | | | Yes  No | | | | | ***Please provide the Name of the other funded Provider*** | | | | |  | | | |  | | | | | | | | | **Session**  **times in this establishment** | Mon | Tues | Wed | | | Thur | Fri | |  |  |  | | |  |  | | | | | | |
| Details of sibling(s) in Nursery | | | | | |
| Name |  | Date of Birth |  | Nursery School |  |
|  | | | | | |
| **Additional Information to Support Your Application** | | | | | |
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| 1. **INTENDED PRIMARY SCHOOL** *(please list school if known – this information is not used in the allocation of a nursery place)* | | | | |
| Name of School |  | Local Authority Primary | Non-Local Authority Primary | Unknown |

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| 1. **CHILD HEALTH INFORMATION** | | | | | | | | |
| **Health Conditions** | | | | | | | | |
| Does your child have an additional support need?  (e.g. developmental delay, learning difficulty, long term illness)? | | | | | | | | Yes  No  Not Disclosed |
| If yes, please provide details | | |  | | | | | |
| Has there been a professional assessment? | | | | | | | Yes  No | |
| If yes, can you provide a copy of this assessment? | | | | | | | Yes  No | |
|  | | | | | | | | |
| **Doctors Details** | | | | | | | | |
| Health Board | | Fife | | | Other (please list) …………………………………………………………………. | | | |
| Practice | ………………………………………………………………………………………………………………….……. | | | | | | | |
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| **Medical Conditions** | | | | | | | | |
| Does your child have any medical conditions (including any allergies) | | | | | | Yes  No  Not Disclosed | | |
| If yes, please provide details | | |  | | | | | |
|  | | | | | | | | |
| **Concerns - *Please give details below of any concerns you have about your child*** | | | | | | | | |
|  | | | |  | |  | | |
| Sight | | | | Yes  No | | Please give additional information if you have ticked ’Yes’ to any concerns: | | |
| Hearing | | | | Yes  No | |
| Speech/Language | | | | Yes  No | |
| Coordination and movement | | | | Yes  No | |
| Behaviour | | | | Yes  No | |
| Toileting | | | | Yes  No | |
| Other | | | | Yes  No | |

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| **Dietary Requirements** | | |
| Does your child have any dietary requirements? | | Yes  No  Not Disclosed |
| If yes, please provide further details |  | |

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| 1. **CHILD’S NAMED PERSON *(usually your Health Visitor)*** | | | |
| Name |  | | |
| Address |  | | |
| Postcode |  | Telephone No. |  |
| Email |  | | |
| Designation |  | | |

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| 1. **Looked After STATUS *(Please only complete if applicable)*** | |
| Local Authority responsibility for Child’s Plan |  |
| Start Date |  |
| Looked After Status |  |
| Legislation |  |

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| **EQUAL OPPORTUNITIES MONITORING *(this information is not used when allocating places)*** | | |
| **ETHNIC ORIGIN** *(Please tick* ***one*** *category)* | | |
| African – African/British/Scottish | Caribbean or Black - Caribbean/British/Scottish | White - Gypsy Traveller |
| African – Other | Caribbean or Black - Other | White – Irish |
| Asian - Bangladeshi/British/Scottish | Mixed or multiple ethnic groups | White – Other |
| Asian - Chinese/British/Scottish | Not Disclosed | White - Other British |
| Asian - Indian/British/Scottish | Not Known or divulged | White - Polish |
| Asian – Other | Other Arab | White - Scottish |
| Asian - Pakistani/British/Scottish | Other (please specify) ……………………………………………………………………. | |

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| **CHILD’S RELIGION** *(Please tick* ***one*** *category)* | | |
| Buddhist | Muslim | Sikh |
| Christian | None | Not Known or not divulged  ……………………………………………….. |
| Hindu | No religion |  |
| Jewish | Other (please specify): …………………………………………………………………….. | |

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| **NATIONAL IDENTITY** *(Please tick* ***one*** *category)* | | |
| British | Not Disclosed | Scottish |
| English | Not Known or divulged | Welsh |
| Northern Irish | Other (please specify) ……………………………………………………………………. | |

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| **ASYLUM STATUS** *(Please tick* ***one*** *category if applicable)* | |
| No Asylum Seeker | No Refugee |

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| 1. **MAIN HOME LANGUAGE** | | | |
| Main Language spoken | ………………………………………………………………………………………………. | | |
| Additional Language(s) spoken | ………………………………………………………………………………………………. | | |
| Level of English ***(****Please tick* ***one*** *category for level of* ***English*** | | | |
| New to English | | Competent | Limited communication |
| Early Acquisition | | Fluent | Not assessed |
| Developing competence | | English as ‘a first language’ |  |

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| 1. **DECLARATION** | | | |
| **I declare the information on this form to be correct to the best of my knowledge.** | | | |
| Signature | …………………………………………………………. | | |
| Print Name | …………………………………………………………. | Date | …………………….…… |
| Fife Council uses the information provided by you to support your child during the course of his/her nursery and school career. Further information on how you and your child’s information is used by Fife Council can be found here [www.fifedirect.org.uk/privacy/education](http://www.fifedirect.org.uk/privacy/education) | | | |

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| **OFFICE USE ONLY** | | | |
| Date Application Received |  | Received by |  | |
| Admissions Panel Date |  | Date Receipt Issued |  | |
| Proof of Birth Date seen | Yes  No | 1st Choice Nursery – Category level |  | |
| Proof of Address seen | Yes  No |  |  | |
| Type of Proof of Address seen |  | | | |

Fife Council Early Learning and Childcare

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Guidance on Completing Application Form

2021-22

**General Information**

Please fully complete all sections of the application form if applicable to you. If you need any help in doing this, please contact any Fife Council Early Learning and Childcare establishment.

**Applying for a Fife Council Nursery**

You should only complete one Early Learning and Childcare (ELC) application form per child. Any additional forms received will not be processed. Application forms for 3 and 4-year-old placements for academic year 2021-22 should be handed into your first choice Fife Council nursery by **31st January 2021**.

**Applying for a funded early learning and childcare place**

You will be able to apply for a funded early learning and childcare place directly at your preferred private nursery, playgroup or childminder, as long as they are in partnership with Fife Council to offer funded ELC. A list of all current funded providers is available at [www.Fife.gov.uk/earlyyears](http://www.Fife.gov.uk/earlyyears). We also fund shared care, where you can choose to use your hours in a number of different settings. Please complete section 3 of the application form if you intend to access ELC at another setting in addition to your choice of Fife Council ELC setting.

**Evidence Requested for ALL APPLICATIONS**

For any application, you must provide evidence of your child’s date of birth (either birth certificate **or** passport) along with proof of your address (council tax bill, utility bill, bank statement, child benefit award letter or NHS registration card) and any other eligibility criteria required (such as proof of benefits if applying for a 2-year-old placement). **Please note we will be unable to accept your application unless this information is provided**.

If you have any other information that you think is relevant to your application, please hand this in at the same time as your application. Additional information in support of your application for a 3 and 4-year-old placement cannot be considered if it is received after **31st January 2021**.

**Section 2: FAMILY DETAILS**

Please list all individuals with parental responsibility for the child along with any additional emergency contacts.

**Section 3: NURSERY CHOICE**

**Choice of Nursery and Session Length**

An example is shown below on how to fill in this section:

* 1st choice Carleton Nursery, who offer 4hr 40 blocks (49 weeks per session) and the applicants preferred choice is morning with the child attending every day.
* 2nd choice Markinch Nursery, who offer 6hr blocks (term time) and the applicant wishes their child to attend a Monday, Wednesday and Thursday only.
* 3rd choice Carleton Nursery, who offer 4hr 40 blocks (49 weeks per session), applicant has requested an afternoon slot and is looking for their child to attend a Monday, Tuesday and Wednesday only.
* 4th choice Ladybird Nursery, who offer a 6hr block (term time) and the applicant has requested all sessions.
* 5th choice Pitcoudie Nursery, who offer a 6hr block (term time) and the application has requested all sessions

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of Fife Council Nursery | **Session Type**   1. 6 hrs Mon -Fri, (Term Time) 2. 4hrs 40 **am** Mon -Fri, (49 weeks) 3. 4hrs 40 **pm** Mon -Fri, (49 weeks) 4. 10hrs Mon and Tue and Wed am (46 weeks) 5. Wed pm and 10hrs Thur and Fri (46 weeks)   ***Note: please make sure the session type you are asking for is available in the nursery*** ***requested*** | Do you want a place for your child every day or selected days? Please Tick the days you wish your child to attend.  ***Note: if you request specific days only, you will only be able to change/increase these days at a later date if they are available*** |
| 1st choice | Carleton Nursery | 4hrs 40 am | Mon  Tue  Wed  Thu  Fri |
| 2nd choice | Markinch Nursery | 6hrs | Mon  Tue  Wed  Thu  Fri |
| 3rd choice | Carleton Nursery | 4hrs 40 pm | Mon  Tue  Wed  Thu  Fri |
| 4th choice | Ladybird Nursery | 6hrs | Mon  Tue  Wed  Thu  Fri |
| 5th choice | Pitcoudie Nursery | 6hrs | Mon  Tue  Wed  Thu  Fri |

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**Section 7: LOOKED AFTER STATUS**

Please complete this section only if it applies to your child.

The looked after status would be either, looked after at home, looked after away from home or previously looked after. If you are unsure which legislation is relevant to your personal circumstances, please speak to your social worker for advice.