**

CHILDMINDER – 2025/26

ELC Application Form

3- or 4-year-old Funded Placement

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| 1. **CHILD’S DETAILS**
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|  |  |  |  |
| **Forename(s)** | **Known As** |
| **Surname** |
| **Date of Birth** | **Sex (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** |
| **Sex (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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| 1. **CHILD HEALTH INFORMATION**
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| **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 and Designation  |  |
| Address  |  |
| Postcode |  | Telephone No. |  |

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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)* |
| [ ]  Asylum Seeker | [ ]  Refugee |

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| 1. **MAIN HOME LANGUAGE**
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| 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. **ATTENDANCE AT ADDITIONAL ELC SETTINGS**
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| **Will your child attend more than one ELC provider**  | [ ]  Yes [ ]  No |
| ***Please provide the name of the other funded ELC Provider*** |  |
| ***Please let us know your child’s funded calendar at this setting*** | Term Time [ ]  or Full Year [ ]  |
|  |
| **Session***Please enter the times and number of hours**i.e. 8am to 1pm* | ***Example*** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Total Hours per week** |
| *8am-1pm* |  |  |  |  |  |  |
| *5 hours* |  |  |  |  |  |  |

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| 1. **DECLARATION**
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| **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.fife.gov.uk/privacy/education](http://www.fife.gov.uk/privacy/education)  |

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| **CHILDMINDER USE ONLY** |

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| ***Childminder*** |  |
| ***Please select the child’s funded calendar***  | Term Time [ ]  or Full Year [ ]  |
| ***Start date***  |  |

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| **Session***Please enter the times and number of hours**i.e. 8am to 1pm* | ***Example*** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Total Hours per week** |
| *8am-1pm* |  |  |  |  |  |  |
| *5 hours* |  |  |  |  |  |  |

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| **Will the child be attending another ELC provider** i.e. will they have a blended model? | [ ]  Yes [ ]  No |
| ***Please provide the name of the other funded ELC Provider*** |  |
| ***Please let us know the child’s funded calendar at this setting*** | Term Time [ ]  or Full Year [ ]  |

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| **Session***Please enter the times and number of hours**i.e. 8am to 1pm* | ***Example*** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Total Hours per week** |
| *8am-1pm* |  |  |  |  |  |  |
| *5 hours* |  |  |  |  |  |  |

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| Date Application Received |  | Date application sent to partnership.funding@fife.gov.uk |  |
| Proof of Birth Date seen | [ ]  Yes [ ]  No | Type of Proof of Address Seen\* |  |
| Childminder’s Signature |  | Print Name |  |

\*Council Tax Bill (most recent bill)

Utility Bill (must not be more than 6 months old)

Credit card/bank statement

Child benefit award letter

NHS registration card