**

CHILDMINDER – 2025/26

ELC Application Form

3- or 4-year-old Funded Placement

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
|  | | | |
| 1. **CHILD’S DETAILS** | | | |
|  |  |  |  |
| **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** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **FAMILY DETAILS** | | | |
|  | | | |
| **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 …………………………………….** | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | ………………………………………………………………………………………………………………….……. | | | | | | | |
|  | | | | | | | | |
| **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 | |

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

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

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

|  |  |  |
| --- | --- | --- |
| **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) ……………………………………………………………………. | |

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

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

|  |  |
| --- | --- |
| **ASYLUM STATUS** *(Please tick* ***one*** *category if applicable)* | |
| Asylum Seeker | Refugee |

|  |  |  |  |
| --- | --- | --- | --- |
| 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’ | |  |
|  |  | |  |
| 1. **ATTENDANCE AT ADDITIONAL ELC SETTINGS** | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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* |  |  | |  | |  |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| 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.fife.gov.uk/privacy/education](http://www.fife.gov.uk/privacy/education) | | | |

|  |
| --- |
| **CHILDMINDER USE ONLY** |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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* |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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