

Fife Council Early Learning and Childcare 2-Year-Old Application Form 2026-27

The information given on this form will be held by Fife Council on computer systems to support your child during the course of his/her nursery career. You should note that you have the right to see this information and that **it will not be disclosed to any other third parties except where permitted by law or where your consent has been received. The information will not be made available for marketing purposes.** The uses of the information are covered by the Council's registration under the Data Protection Act 1998.

For further information on how you child's data is used, how we maintain the security of your information and your rights to access information we hold please contact the Management Information Systems Team at education.data@fife.gov.uk

1. Nursery Place Applied For	<input type="checkbox"/> 2-Year-Old Place
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2. CHILD DETAILS

Forename(s)	Known As	
Surname		
Date of Birth	Gender (M/F)	<input type="checkbox"/> M <input type="checkbox"/> F
Please enter birth certificate or passport details – this is used to create a unique record for your child		
Birth Certificate Country of Issue:		Passport Number:
Birth Certificate Number: <i>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</i>		
Address		
Postcode		
		Telephone No.

3. FAMILY DETAILS

Main Contact (Applicant)

Title	Forename	Surname	
Gender (M/F)	<input type="checkbox"/> M <input type="checkbox"/> F	Can Collect	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address			
Address (if different from child's address)			
Postcode			
Daytime Phone No.		Relationship to child	
Home Phone No.		Contact in emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Phone No.			

Additional / Emergency Contact(s) – please list all individuals with parental responsibility for the child

Title	Forename	Surname	
Gender (M/F)	<input type="checkbox"/> M <input type="checkbox"/> F	Can Collect	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address			
Address (if different from child's address)			
Postcode			
Daytime Phone No.		Relationship to child	
Home Phone No.		Contact in emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Phone No.			

4. NURSERY CHOICE (WHICH NURSERY DO YOU WISH YOUR CHILD TO ATTEND)

Please list up to 3 choices of nursery in priority order with 1 being your preferred option. This should be any Fife Council, private nursery, playgroup or childminders who are in partnership to provide ELC you wish to use. Whilst we will try to offer you your first choice of setting or session time this cannot be guaranteed. PLEASE RETURN YOUR COMPLETED APPLICATION FORM TO YOUR FIRST CHOICE FIFE COUNCIL NURSERY OR YOUR LOCAL FIFE COUNCIL NURSERY WITH 2 YR OLDS IF YOU WISH TO ACCESS ONE OF OUR PARTNER PROVIDERS

1st choice:2nd choice:3rd choice:**5. SESSIONS REQUESTED****Fife Council Nurseries**

If applying for a Fife Council nursery place, please list suitable sessions for each of your choices from 1 to 6, with 1 being your preferred option.

PLEASE NOTE: NOT ALL SESSIONS WILL BE AVAILABLE IN EVERY NURSERY

	Term Time (9am – 3 pm)	Full Year Model 4 hrs 40 mins AM	Full Year Model 4 hrs 40 mins PM
1 st choice			
2 nd choice			
3 rd choice			
Start Date (<i>please tick</i>)	<input type="checkbox"/> August 2026	<input type="checkbox"/> January 2027	<input type="checkbox"/> April 2027

Partner Provider Organisations

If applying for a place at a Partner Provider Nursery / Playgroup / Childminder please list the days required. If a place is allocated the sessions offered will be in line with the Funded Providers operating models.

	Mon	Tues	Wed	Thur	Fri
Name of Private Nursery/Playgroup:					
Name of Childminder:					
Start Date:					

Will your child attend another ELC provider?

Yes No

If Yes, Name of Provision

Times Attending	Mon	Tues	Wed	Thur	Fri

6. INTENDED PRIMARY SCHOOL (*please list school if known – this information is not used in the allocation of any place awarded for nursery*)

Name of School	<input type="checkbox"/> Local Authority Primary	<input type="checkbox"/> Non Local Authority Primary	<input type="checkbox"/> Unknown
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7. CHILD HEALTH INFORMATION**Health Conditions**

Does your child have an additional support need (e.g. developmental delay, learning difficulty, long term illness)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Disclosed
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If yes, please give details	
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Has there been a professional assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, can you provide a copy of this assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Doctors Details

Health Board	<input type="checkbox"/> Fife	<input type="checkbox"/> Other (please list):
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Practice	
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Medical Conditions

Does your child have any medical conditions (including any allergies)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Disclosed
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If yes, please give details	
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Concerns - Please give details below of any concerns you have about your child

Sight	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hearing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Speech/Language	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Coordination and movement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Behaviour	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Toileting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Dietary Requirements

Does your child have any dietary requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Disclosed
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If yes, please give details	
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8. CHILD'S NAMED PERSON (usually your Health Visitor)

Name			
Address			
Postcode		Telephone No.	
Email			
Designation			

9. LOOKED AFTER STATUS <i>(Please complete if applicable)</i>	
Please select who has been care experienced and complete the relevant section below:	<input type="checkbox"/> Child <input type="checkbox"/> Parent
Please complete if Child selected:	
Local authority responsibility for Child's Plan	
Date	
Looked After Status	
Legislation	
Please complete if Parent selected:	
Name of Professional able to confirm your status:	
Contact details (telephone number and/or email address):	

10. EQUAL OPPORTUNITIES MONITORING

ETHNIC ORIGIN * *(Please tick one category)*

<input type="checkbox"/> African – African/British/Scottish	<input type="checkbox"/> Caribbean or Black - Caribbean/British/Scottish	<input type="checkbox"/> White - Gypsy Traveller
<input type="checkbox"/> African – Other	<input type="checkbox"/> Caribbean or Black - Other	<input type="checkbox"/> White – Irish
<input type="checkbox"/> Asian - Bangladeshi/British/Scottish	<input type="checkbox"/> Mixed or multiple ethnic groups	<input type="checkbox"/> White – Other
<input type="checkbox"/> Asian - Chinese/British/Scottish	<input type="checkbox"/> Not Disclosed	<input type="checkbox"/> White - Other British
<input type="checkbox"/> Asian - Indian/British/Scottish	<input type="checkbox"/> Not Known or divulged	<input type="checkbox"/> White - Polish
<input type="checkbox"/> Asian – Other	<input type="checkbox"/> Other Arab	<input type="checkbox"/> White - Scottish
<input type="checkbox"/> Asian - Pakistani/British/Scottish	<input type="checkbox"/> Other (please specify):	

CHILD'S RELIGION * *(Please tick one category)*

<input type="checkbox"/> Buddhist	<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh
<input type="checkbox"/> Christian	<input type="checkbox"/> None	<input type="checkbox"/> Not Known or not divulged
<input type="checkbox"/> Hindu	<input type="checkbox"/> No religion	
<input type="checkbox"/> Jewish	<input type="checkbox"/> Other (please specify):	

NATIONAL IDENTITY * *(Please tick one category)*

<input type="checkbox"/> British	<input type="checkbox"/> Not Disclosed	<input type="checkbox"/> Scottish
<input type="checkbox"/> English	<input type="checkbox"/> Not Known or divulged	<input type="checkbox"/> Welsh
<input type="checkbox"/> Northern Irish	<input type="checkbox"/> Other (please specify):	

ASYLUM STATUS * *(Please tick one category if applicable)*

Asylum Seeker Refugee

11. MAIN HOME LANGUAGE * *(Please tick one category for level of English)*

Main Language spoken	
Additional Language(s) spoken	

Level of English :

<input type="checkbox"/> New to English	<input type="checkbox"/> Competent	<input type="checkbox"/> Limited communication
<input type="checkbox"/> Early Acquisition	<input type="checkbox"/> Fluent	<input type="checkbox"/> Not assessed
<input type="checkbox"/> Developing competence	<input type="checkbox"/> English as 'a first language'	

12. DECLARATION

I declare the information on this form to be correct to the best of my knowledge.

Signed			
Print Name		Date	

OFFICE USE ONLY			
Date Application Received		Date Receipt Issued	
Panel Date		Nursery 1 Category Level	
Proof of Birth Date seen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nursery 2 Category Level	
Proof of Address seen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nursery 3 Category Level	
Type of Proof of Address seen			
Proof of Eligibility seen (for 2-year-old placements only)			
Income Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Job Seekers Allowance (income based)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Support Allowance (income based)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Incapacity or Severe Disablement Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No
State Pension Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Support under Part VI of the immigration and Asylum Act 1999	<input type="checkbox"/> Yes <input type="checkbox"/> No
Universal Credit (earnings of £885 or less)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Looked After, Kinship Care or Guardianship Order. Parents who have been care experienced	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fife Council Early Learning and Childcare Guidance on Completing Application Form 2026-27

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 completed will not be processed. Application forms for 2-year-old placements can be submitted at any time and will be assessed at the next scheduled 2-year-old nursery admissions panel, which take place at least once a term.

Applying for a Partner Provider Nursery / Playgroup:

You should complete an application form and hand it in, or send it, to your local **Fife Council Nursery** offering two-year-old placements to be considered at the next allocation panel.

For any application, you must also 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, driving licence, 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.

Section 3: FAMILY DETAILS

Please list all individuals with parental responsibility for the child along with any additional emergency contacts. A continuation sheet is available either online at www.fife.gov.uk/earlyyears or by contacting any Fife Council nursery.

Section 4: NURSERY CHOICE

If applying for a 2-year-old place it is important that you give 3 choices of provider, you would like your child to attend. We are not able to guarantee a place at your first-choice provider and this will allow us to take your alternative(s) into account when offering a place. An up-to-date list of settings providing 2-year-old places can be found at www.fife.gov.uk/earlyyears

Section 5: SESSIONS REQUESTED

It is important to select all the sessions that your child would be able to attend. You should list this in order of preference, with 1 being your preferred option of session time. We are not able to guarantee you will be allocated your first choice of session time, but this will allow us to take all suitable session times into account when offering a place.

An up-to-date list is available at www.fife.gov.uk/earlyyears

If you wish your child to attend a Partner Provider such as a private nursery, playgroup or childminder please note this under the Partner Provider organisation section, including the name if known. Partner Provider settings who have decided to offer 2-year-old provision can provide up to 1140 hours during session 2026/27. *Please note only those settings in partnership with Fife Council can be considered.*

Section 9: 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.