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| **Early Learning and Childcare Application** | Inverclyde-Council-logo  ***Getting it right for every child, citizen and community*** |

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| ***Application forms will not be accepted without a copy of your child’s birth certificate (for UK nationals or passport for non – UK nationals) and proof of your address in the form of a utility bill / council tax statement.***   * ***Only one application form should be completed per child unless applying for a split / blended place.*** * ***Application forms must be returned to the provider of your first choice.*** * ***If applying for a split / blended place you are required to submit a form to each provider.*** * ***PLEASE REFER TO THE GUIDANCE NOTES TO ASSIT YOU IN COMPLETING THIS APPLICATION*** |

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| **OFFICE USE ONLY** | | | | | | | | | | | | | | | | |
| Date application received | | |  | | | Band recommended | | |  | | Expected start date |  | | | | |
| Birth Certificate No.(UK Nationals) | | | | | | | | Passport No.(Non-UK Nationals) | | | | | Proof of address produced | | | |
| District |  | Year | |  | Entry No | |  | Passport No | |  | | | Yes |  | No |  |

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| **COMPLETING THIS APPLICATION FORM** | |
| **SECTION 1** | **MUST BE FULLY COMPLETED BY ALL APPLICANTS** |
| **SECTION 2** | **COMPLETE IF APPLYING FOR AN ENTITLED EARLY LEARNING AND CHILDCARE 2 YEAR OLD PLACE** |
| **SECTION 3** | **COMPLETE IF APPLYING FOR A 3 - 5 YEARS EARLY LEARNING AND CHILDCARE PLACE** |
| **SECTION 4** | **SIBLING INFORMATION / INTENDED SCHOOL / ETHNICITY AND NATIONALITY INFORMATION** |
| **SECTION 5** | **DECLARATION BY APPLICANT MUST BE SIGNED AND DATED BEFORE SUBMITTION** |

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| **SECTION 1** | | |  | | | | | | |
| **1a** |  | | | | | | | | |
| **CHILD DETAILS This information must replicate the information on the child’s birth certificate or passport** | | | | | | | | | |
| Forename(s) | |  | | Known as |  | | | | |
| Surname | |  | | Date of Birth | / / | Gender | | | |
| **M** |  | **F** |  |
| Address | |  | | | | | | | |
| Town | |  | | Postcode |  | | | | |

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| **1b** |  | | | | | | | | | | |
| **FAMILY DETAILS – APPLICANT – PARENT** | | | | | | | | | | | |
| Title | |  | | | | Forename(s) |  | | | | |
| Surname | | |  | | | | | | | | |
| Relationship to child | | | | |  | | | E-mail | | |  |
| Home Phone Number | | | | |  | | | Mobile Phone Number | | |  |
| **ONLY COMPLETE IF DIFFERENT FROM CHILD’S ADDRESS** | | | | | | | | | | | |
| Address | | | |  | | | | | | | |
| Town | | | |  | | | | | Postcode |  | |
| **FAMILY DETAILS – APPLICANT – PARENT / CARER NAME** | | | | | | | | | | | |
| Title | |  | | | | Forename(s) |  | | | | |
| Surname | | |  | | | | | | | | |
| Relationship to child | | | | |  | | | E-mail | | |  |
| Home Phone Number | | | | |  | | | Mobile Phone Number | | |  |
| **ONLY COMPLETE IF DIFFERENT FROM CHILD’S ADDRESS** | | | | | | | | | | | |
| Address | | |  | | | | | | | | |
| Town | | |  | | | | | | Postcode |  | |

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| **1c** |  | | | | | | | | | | | | | | | | | |
| **HEALTH INFORMATION** | | | | | | | | | | | | | | | | | | |
| Does your child have any long- term illness, medical condition or disability? | | | | | | | | | Yes | |  | | | No | | |  | |
| If yes, has there been a professional assessment identifying a disability? | | | | | | | | | Yes | |  | | | No | | |  | |
| If yes, can you provide copies of the professional assessments? | | | | | | | | | Yes | |  | | | No | | |  | |
| Any special dietary requirements (please state): | | | | | | | | | | | | | | | | | | |
| Does your child have any concerns / difficulty with the following? (Please tick appropriate boxes) | | | | | | | | | | | | | | | | | | |
| Speech and Language | | |  | | Behaviour |  | Co-ordination / Movement | | | | |  | Sight | |  | Allergy’s | |  |
| Please provide brief details: | | | | | | | | | | | | | | | | | | |
| **Child’s Doctor** | | | | | | | | **Health Visitor** | | | | | | | | | | |
| Name | |  | | | | | | Name | | | | | | |  | | | |
| Practice | |  | | | | | | Practice | | | | | | |  | | | |
| Address | |  | | | | | | Address | | | | | | |  | | | |
| Post Code | |  | | | | | | Post Code | | | | | | |  | | | |
| Tel. No | |  | | | | | | Tel. No | | | | | | |  | | | |
| **PROFESSIONAL AGENCIES INVOLVED WITH YOUR FAMILY** | | | | | | | | | | | | | | | | | | |
| **AGENCY** | | | | **CONTACT NAME** | | | | | | | | | | | | | | |
| Social Work | | | |  | | | | | | | | | | | | | | |
| Community Health | | | |  | | | | | | | | | | | | | | |
| Educational Psychologist | | | |  | | | | | | | | | | | | | | |
| Any other Agency | | | | Name: | | | | | | Agency: | | | | | | | | |
|  | | | | Name: | | | | | | Agency: | | | | | | | | |
|  | | | | Name: | | | | | | Agency: | | | | | | | | |

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| **SECTION 2** | | |  | | | | | | |
| 2 YEAR OLD CHILDREN – PARENTS MEETING QUALIFYING CRITERIA | | | | | | | | | |
| 2 year old children residing in a household that are in receipt of qualifying benefits or meet the qualifying criteria’s are entitled to 1140 hours of Early Learning and Childcare. Up to date evidence must be produced and verified prior to placement being allocated. | | | | | | | | | |
| **You must indicate at least 3 choices in priority order of establishment and model of attendance. Please note, we aim to ensure preferred choices are allocated, however there is no guarantee of this.** | | | | | | | | | |
| **Child’s Name** | |  | | **Please indicate provider in order of preference 1st / 2nd / 3rd** | **Model 1** | **Model 2** | **Model 3** | **Model 4** | **Model 5** |
| **Mon- Fri**  **6 hrs per day**  **over 38wks**  **(term time)** | **2 ½ days**  **Mon & Tues**  **Wed (am)**  **over 50 wks** | **2 ½ days**  **Wed (pm)**  **Thu – Fri**  **over 50 wks** | **5 x am**  **Mon – Fri**  **over 50 wks** | **5 x pm**  **Mon - Fri**  **over 50 wks** |
| **Date of birth** | |  | |
| Please indicate model in order of preference 1st / 2nd / 3rd / 4th/ 5th where available | | | | |
| LA | Rainbow Family Centre | | |  |  |  |  |  |  |
| LA | St Francis Nursery Class | | |  |  |  |  |  |  |
|  | | | | | | | | | |
| LA | Gibshill Children’s Centre | | |  |  |  |  |  |  |
| LA | Blairmore Nursery School | | |  |  |  |  |  |  |
| LA | Glenbrae Children’s centre | | |  |  |  |  |  |  |
|  | | | | | | | | | |
| LA | Wellpark Children’s Centre | | |  |  |  |  |  |  |
| LA | Glenpark Early Learning Centre | | |  |  |  |  |  |  |
|  | | | | | | | | | |
| LA | Bluebird Family Centre | | |  |  |  |  |  |  |
| LA | St Joseph’s Nursery Class | | |  |  |  |  |  |  |
| LA | Larkfield Children’s Centre | | |  |  |  |  |  |  |
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| LA | Binnie St Children’s Centre | | |  |  |  |  |  |  |
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| **SECTION 3** | | |  | | | | | | |
| **3 - 5 YEARS EARLY LEARNING AND CHILDCARE PLACE PROVIDER AND MODEL CHOICE** | | | | | | | | | |
| **You must indicate at least 3 choices in priority order of establishment and model of attendance. Please note, we aim to ensure preferred choices are allocated, however there is no guarantee of this.** | | | | | | | | | |
| **Child’s Name** | |  | | **LOCAL AUTHORITY ONLY - Please indicate provider in order of preference 1st / 2nd / 3rd** | | | | | |
| **Please indicate provider in order of preference 1st / 2nd / 3rd** | **Model 1** | **Model 2** | **Model 3** | **Model 4** | **Model 5** |
| **Mon – Fri**  **6 hours per day**  **over 38 wks**  **(term time)** | **2 ½ days**  **Mon & Tues**  **Wed (am)**  **over 50 wks** | **2 ½ days**  **Wed (pm)**  **Thu – Fri**  **over 50 wks** | **5 x am**  **Mon – Fri**  **over 50 wks** | **5 x pm**  **Mon - Fri**  **over 50 wks** |
| **Date of birth** | |  | | Please indicate model in order of preference 1st / 2nd / 3rd / 4th/ 5th where available | | | | |
| **LOCAL AUTHORITY PROVIDERS** | | | | | | | | | |
| LA | Kilmacolm Nursery Class | | |  |  |  |  |  |  |
| LA | Rainbow Family Centre | | |  |  |  |  |  |  |
| LA | Newark Nursery School | | |  |  |  |  |  |  |
| LA | St Francis Nursery Class | | |  |  |  |  |  |  |
| LA | St John’s Nursery Class | | |  |  |  |  |  |  |
|  | | | | | | | | | |
| LA | Gibshill Children’s Centre | | |  |  |  |  |  |  |
| LA | King’s Oak Nursery Class | | |  |  |  |  |  |  |
| LA | Blairmore Nursery School | | |  |  |  |  |  |  |
| LA | Hillend Children’s Centre | | |  |  |  |  |  |  |
| LA | Glenbrae Children’s Centre | | |  |  |  |  |  |  |
|  | | | | | | | | | |
| LA | Wellpark Children’s Centre | | |  |  |  |  |  |  |
| LA | Whinhill Nursery Class | | |  |  |  |  |  |  |
| LA | Glenpark Early Learning Centre | | |  |  |  |  |  |  |
|  | | | | | | | | | |
| LA | Lady Alice Nursery Class | | |  |  |  |  |  |  |
| LA | Bluebird Family Centre | | |  |  |  |  |  |  |
| LA | St Joseph’s Nursery Class | | |  |  |  |  |  |  |
| LA | Larkfield Children’s Centre | | |  |  |  |  |  |  |
| LA | Aileymill Nursery Class | | |  |  |  |  |  |  |
|  | | | | | | | | | |
| LA | Moorfoot Nursery Class | | |  |  |  |  |  |  |
| LA | Binnie St Children’s Centre | | |  |  |  |  |  |  |
|  | | | | | | | | | |
| LA | Inverkip Nursery Class | | |  |  |  |  |  |  |
| LA | Weymss Bay Nursery Class | | |  |  |  |  |  |  |
| **CURRENT AUTHORISED FUNDED PROVIDERS** | | | | | | | | | |
| PVI | Battery Park Nursery | | |  | * **You must contact each provider directly to find out if they have availability and how they will be delivering their models in their setting i.e. – times of sessions / weeks per year.** * **Some providers may also have their own admissions application process that you will have to follow.** | | | | |
| PVI | Ducal Nursery (Kilmacolm) | | |  |
| PVI | Enchanted Forest Nursery (Greenock) | | |  |
| PVI | Enchanted Forest Nursery (Inverkip) | | |  |
| PVI | Madeira Nursery | | |  |
| PVI | St Columba’s Nursery Class (Junior School, Kilmacolm) | | |  |
| PVI | Wellington Children’s Centre (Gourock) | | |  |
| PVI | Wellington Children’s Centre (Greenock) | | |  |
| PVI | West College Scotland Nursery | | |  |

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| **CHILDMINDING** | | | | | | | | | | | | | | |
| CM | **Childminder only** | | | | **ALL ENTITLEMENT WITH A CHILDMINDER – YOU MUST CONTACT THE CHILDMINDER DIRECTLY** | | | | | | | | | |
| **Please state childminder name** | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **BLENDED CARE** | | | | | | | | | | | | | | |
| BC | **BLENDED CARE MODEL – CHILDMINDER / PARTNERSHIP NURSERY / LOCAL AUTHORITY** | | | | | | | | | | | | | |
| **A blended care model - you may wish to split your entitlement between 2 providers– i.e. a childminder or a partnership nursery and a local authority nursery.**  **You must contact the childminder or a partnership nursery directly to find out their availability.**  **You must submit an application forms to each provider.** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Preference of provider – You must indicate at least 3 choices in priority order of provider and model of attendance. Please note, we aim to ensure preferred choices are allocated, however there is no guarantee of this.** | | | | | | | | | | | | | | |
| **PROVIDER 1 - Childminder / Partner Nursery / Local Authority** | | | | | | | |  | **PROVIDER 2 - Childminder / Partner Nursery / Local Authority** | | | | | |
| 1st choice | |  | | | | | | 1st choice |  | | | | |
| 2nd choice | |  | | | | | | 2nd choice |  | | | | |
| 3rd choice | |  | | | | | | 3rd choice |  | | | | |
|  | | | | | | | | | | | | | | |
| **MODEL OF ATTENDANCE - Please tick** | | | | | | | | | | | | | | |
| **OPTION 1a** | | ***Mon*** | ***Tues*** | ***Wed*** | | ***Thus*** | ***Fri*** |  | **OPTION 1b** | **Mon** | **Tues** | **Wed** | **Thus** | **Fri** |
| DAYS | |  |  |  | |  |  | DAYS |  |  |  |  |  |
| MORNINGS | |  |  |  | |  |  | MORNINGS |  |  |  |  |  |
| AFTERNOON | |  |  |  | |  |  | AFTERNOON |  |  |  |  |  |
|  | | | | | | | | | | | | | | |
| **OPTION 2a** | | ***Mon*** | ***Tues*** | ***Wed*** | | ***Thus*** | ***Fri*** |  | **OPTION 2b** | **Mon** | **Tues** | **Wed** | **Thus** | **Fri** |
| DAYS | |  |  |  | |  |  | DAYS |  |  |  |  |  |
| MORNINGS | |  |  |  | |  |  | MORNINGS |  |  |  |  |  |
| AFTERNOON | |  |  |  | |  |  | AFTERNOON |  |  |  |  |  |
|  | | | | | | | | | | | | | | |
| **OPTION 3a** | | ***Mon*** | ***Tues*** | ***Wed*** | | ***Thus*** | ***Fri*** |  | **OPTION 3b** | **Mon** | **Tues** | **Wed** | **Thus** | **Fri** |
| DAYS | |  |  |  | |  |  | DAYS |  |  |  |  |  |
| MORNINGS | |  |  |  | |  |  | MORNINGS |  |  |  |  |  |
| AFTERNOON | |  |  |  | |  |  | AFTERNOON |  |  |  |  |  |
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| **SECTION 4** | |  | | |
| SIBLINGS | | | | |
| (Please give details of any siblings who already attend the ELC setting | | | | |
| Name |  | | Date of Birth |  |
| Name |  | | Date of Birth |  |
| Name |  | | Date of Birth |  |

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| **INTENDED PRIMARY SCHOOL** |  |
| Please state the name of the Primary School you intended to send your child to | |
| Name of Primary School |  |

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| **SECTION 5** |  | | | |
| **DECLARATION BY APPLICANT** | | | | |
| The information on this form will be processed electronically for administrative purposes. This information is confidential. The processing and storage of this information will comply with GDPR (EU) 2016/679 and will be held by Inverclyde Council’s Education Services. Please assist us by telling the setting promptly if any of this information changes. Education Services, as part of Inverclyde Council, may share any information you give us with other Inverclyde Council Services or Government departments as required by law where relevant for their purpose i.e. Census information. We will only reveal information where we have your permission or where we have to supply information for a service that you have requested. We do no sell or rent information to anyone.  I certify that, to the best of my knowledge, the information contained in the above Early Learning & Childcare Application Form is correct. I understand that if I give false information it will put at risk any place offered. I agree to inform the provider of any changes to my circumstances as this may also affect any place offered. | | | | |
| Applicant Signature | |  | Date |  |