

2 YEAR OLD EARLY LEARNING AND CHILDCARE GUARDIANSHIP / CARE EXPERIENCE APPLICATION

Application forms WILL NOT be accepted without a copy of your child's birth certificate and proof of your address in the form of a council tax statement/utility bill (gas/electric only) / tenancy agreement / lawyer letter – completion of a house purchase.

- **Only one application form should be completed per child unless applying for a split / blended place.**
- **If applying for a split / blended place you are required to submit a form to each provider.**
- **Application forms must be returned to the provider of your first choice.**
- **PLEASE REFER TO THE GUIDANCE NOTES TO ASSIST YOU IN COMPLETING THIS APPLICATION**

1a

CHILD DETAILS - This information must replicate the information on the child's birth certificate

| | | | | | |
|----------------------------------|----------------------|---------------|----------------|--------|-----------------------|
| Forename(s) | | Known as | | | |
| Surname | | Date of Birth | / | / | / |
| | | | | Gender | |
| | | | | M | F |
| House / Flat Number, Street Name | | | Town | | |
| | | | Post Code | | |
| Nationality | | Ethnic Origin | | | |
| Language(s) spoken | | Religion | | | |
| Asylum Status (please tick) | <i>Asylum seeker</i> | | <i>Refugee</i> | | <i>Not Applicable</i> |

1b

GUARDIAN / PARENT DETAILS

| | | | | | |
|-----------------------|--|-------------|--|--------------|--|
| Title | | Forename(s) | | Surname | |
| Relationship to child | | | | Phone Number | |
| E-mail | | | | | |

ONLY COMPLETE IF DIFFERENT FROM CHILD'S ADDRESS

| | | | |
|----------------------------------|--|----------|--|
| House / Flat Number, Street Name | | Town | |
| | | Postcode | |

GUARDIAN / PARENT DETAILS

| | | | | | |
|-----------------------|--|-------------|--|--------------|--|
| Title | | Forename(s) | | Surname | |
| Relationship to child | | | | Phone Number | |
| E-mail | | | | | |

ONLY COMPLETE IF DIFFERENT FROM CHILD'S ADDRESS

| | | | |
|----------------------------------|--|----------|--|
| House / Flat Number, Street Name | | Town | |
| | | Postcode | |

| | | | | |
|--|--|-----------|---------|----|
| 1c | | | | |
| HEALTH INFORMATION / PROFESSIONAL AGENCIES | | | | |
| Does your child have any long- term illness, medical condition or disability? | | | Yes | No |
| If yes, please provide full details / information on the long- term illness, medical condition or disability; PLEASE DISCUSS THIS WITH THE PROVIDER WHEN SUBMITTING THE APPLICATION FORM | | | | |
| Is there a professional assessment identifying long- term illness, medical condition or disability? | | | Yes | No |
| If yes, please provide copies of the professional assessments along with the application form. | | | | |
| Does your child have any clinical dietary requirements; Please state and discuss when submitting this form: - e.g., allergy to eggs / dairy / nuts / gluten intolerance | | | | |
| Health Professional Details | | | | |
| Doctor Name | | | Address | |
| Practice | | | | |
| Health Visitor Name | | | Address | |
| Practice | | | | |
| Has your child had any involvement with a professional agency with regards to | | | | |
| PROFESSIONAL CONTACT NAME | | | | |
| Speech and Language | | Behaviour | | |
| Co-ordination/ Movement | | Sight | | |

| | | |
|---|---------------------|---------|
| 1d | | |
| Please state any professional agency involved with the child or family | | |
| AGENCY | CONTACT NAME | |
| Social Work | | |
| Community Health | | |
| Educational Psychologist | | |
| Any other Agency | Name: | Agency: |

| | |
|---|-----------------------|
| SECTION 2 | |
| QUALIFYING CRITERIA | DATE COMMENCED |
| Child(ren) is under Compulsory Supervision Order | |
| Child(ren) is under Kinship Care | |
| Child(ren) are looked after and accommodated | |
| Child(ren) of a Care experienced parent – (Parent at any stage of their life who would meet any of the above criteria's | |
| Name of Social Worker | |
| Contact Detail | |

| | | | | | | |
|--|-----|--|----|--|--------|--|
| COMPLETED BY EDUCATION HQ ONLY | | | | | | |
| Social Worker Contacted by Education Officer | | | | | | |
| Child's Details / Status confirmed | YES | | NO | | STATUS | |
| Guardianship details / status confirmed | YES | | NO | | STATUS | |
| Education Officer Signature | | | | | Date | |

| SECTION 3 | | | | | | |
|---|---|---|--|---|--|--|
| CHILD'S NAME | | | DATE OF BIRTH | | | |
| 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. | | | | | | |
| LOCAL AUTHORITY ELC DEFINED AREA ESTABLISHMENTS | Please indicate provider in order of preference 1 st / 2 nd / 3 rd | Model 1 Mon – Fri 6 hours per day over 38 wks Over term time | Model 2 2 ½ days Mon & Tues Wed (am) / Over extended year | Model 3 2 ½ days Wed (pm) Thu – Fri / Over extended year | Model 4 5 x am. Mon – Fri / Over extended year | Model 5 5 x pm Mon – Fri / Over extended year |
| | | Please indicate model in order of preference 1 st / 2 nd / 3 rd / 4 th / 5 th where available | | | | |
| | | | | | | |
| ELC DEFINED AREA 1 | | | | | | |
| Rainbow Family Centre | | | | | | |
| St Francis Nursery Class | | | | | | |
| Gibshill Children's Centre | | | | | | |
| ELC DEFINED AREA 2 | | | | | | |
| Blairmore Early Learning Centre | | | | | | |
| Glenbrae Children's Centre | | | | | | |
| ELC DEFINED AREA 3 | | | | | | |
| Wellpark Children's Centre | | | | | | |
| Glenpark Early Learning Centre | | | | | | |
| ELC DEFINED AREA 4 | | | | | | |
| Bluebird Family Centre | | | | | | |
| St Joseph's Nursery Class | | | | | | |
| Larkfield Early Learning Centre | | | | | | |
| ELC DEFINED AREA 5 | | | | | | |
| Binnie St Children's Centre | | | | | | |

| FULL TIME WITH CHILDMINDER FOR ALL ENTITLED ELC HOURS | |
|---|--|
| Please state Childminder Name | |

| BLENDED CARE MODEL – CHILDMINDER & PVI NURSERY or LOCAL AUTHORITY ESTABLISHMENT A blended care place will be delivered as term time and will be 15 hours at each provider. Please discuss directly with your childminder their availability. Example 1: Blended 1 - 9am - 3pm Mon & Tues & 9am - 12pm / Wed Example 2: Blended 3 - 9am - 12pm / Mon - Fri |
|---|
|---|

| Childminder Name | | | | | |
|-------------------------------------|---------------|----------------|------------------|-----------------|---------------|
| <i>Please indicate days / hours</i> | Monday | Tuesday | Wednesday | Thursday | Friday |
| 1st choice | | | | | |
| 2nd choice | | | | | |
| 3rd choice | | | | | |

| PREFERENCE ORDER PLEASE STATE – PVI Nursery / Local Authority establishment - You must indicate at least 3 choices of provider. | |
|--|--|
| 1st choice | |
| 2nd choice | |
| 3rd choice | |

| Please indicate 1 st / 2 nd / 3 rd order choice in a PVI Nursery / Local Authority establishment | | | |
|---|-------------------------------|-----------------------|-----------------------|
| Blended 1- Term Time | Blended 2 – Term Time | Blended 3 / Term Time | Blended 4 / Term Time |
| Mon & Tues full day / Wed (am) | Wed (pm) / Thu & Fri full day | 5 x am Mon – Fri | 5 x pm Mon - Fri |
| | | | |

| PRIVATE / VOLUNTARY / INDEPENDENT NURSERY | | |
|---|--|--|
| Battery Park Nursery | | You must contact the provider directly to discuss their delivery models / times of sessions / weeks per year before choosing as an option. |
| Happitots Nursery (Inverkip) | | |
| Kidology Nursery | | |

| SECTION 4 | | | | | | | | | |
|--|--|------|------------------|----------|--|---|------|--|---------|
| PLEASE READ THIS INFORMATION AND INITIAL EACH BOX BEFORE SIGNING THE DECLARATION BY APPLICANT BOX BELOW | | | | | | | | | Initial |
| <p>You must take along your child's birth certificate and proof of address when submitting this application form. Application forms will not be accepted without this proof. (We will only accept - council tax statement / tenancy agreement or lawyer letter - completion of house purchase as proof of residing address). Only in exceptional circumstances will we accept another form of official proof of address. This must be agreed by Education Services before submission.</p> | | | | | | | | | |
| <p>Local Authority Early Years establishments are split into ELC defined areas (they are grouped in each defined area on the application form). All applications are based on the residing address. ELC defined areas are different to school catchments. Your residing address will always be used when allocating ELC places.</p> | | | | | | | | | |
| <p>All ELC allocations are prioritised in line with Inverclyde Council Admissions Policy which is available on the Inverclyde Council Website.</p> | | | | | | | | | |
| <p>If there is a sibling who attends a Primary School that has a nursery class attached – this does not give the ELC application any higher priority.</p> | | | | | | | | | |
| <p>Individual childcare arrangements that are in place cannot be considered as the residing address.</p> | | | | | | | | | |
| <p>If you choose a Local authority establishment out with your defined area, your application will be lower down the priority against any application that resides within that defined area. We will only consider applications from out with a defined area after the Post Admissions panel has been completed and if we have capacity to do so across a ELC defined area.</p> | | | | | | | | | |
| <p>There is no guarantee that the establishment requested and the choice of model for your 2 year old place will be allocated for your 3-5 place. Once your child becomes eligible for a 3-5 place you will need to submit a new 3-5 Early Learning and Childcare application.</p> | | | | | | | | | |
| <p>Only one application should be submitted - only exception is if you are applying for blended ELC at two providers - If there are multiple applications submitted as a first-choice different providers, Inverclyde Council will take the last dated application and all other will be destroyed.</p> | | | | | | | | | |
| DECLARATION BY APPLICANT | | | | | | | | | |
| <p>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 not sell or rent information to anyone.</p> <p>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.</p> | | | | | | | | | |
| Applicant Signature | | | | | | | Date | | |
| FUNDED PROVIDER USE ONLY – MUST BE FULLY COMPLETED | | | | | | | | | |
| BIRTH CERTIFICATE INFORMATION | | | | | | PROOF OF ADDRESS (please tick proof provided) | | | |
| District | | Year | | Entry No | | Council tax statement | | Utility Bill | |
| Date application received | | | Band recommended | | | Tenancy Agreement | | Lawyer letter - completion of house purchase | |
| | | | | | | OTHER – Must be agreed by Education Services | | | |
| APPLICATION RECEIVED AND CHECKED BY | | | | | | | | | |
| PRINT STAFF NAME | | | | | | | DATE | | |