

2 YEAR OLD EARLY LEARNING AND CHILDCARE APPLICATION

Inverclyde
council

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
House / Flat Number, Street Name			Town		
			Post Code		
Nationality	Ethnic Origin				
Language(s) spoken	Religion				
Asylum Status (please tick)	Asylum seeker	Refugee		Not Applicable	

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
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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	
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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		
PROOF MUST BE PROVIDED BY APPLICANT – DO NOT GO TO JOB CENTRE PLUS		
CRITERIA	AWARD STATEMENT SUBMITTED	PROOF SUBMITTED
Child Tax Credit, but not Working Tax Credit	CURRENT TAX CREDIT AWARD STATEMENT	
Child Tax and Working Tax Credit	CURRENT TAX CREDIT AWARD STATEMENT	
Universal Credit Statement	CURRENT UNIVERSAL CREDIT AWARD STATEMENT	

TO BE COMPLETED BY JOB CENTRE PLUS ONLY IF IN RECEIPT OF THE FOLLOWING BENEFITS		
QUALIFYING BENEFIT	Please indicate benefit	Date commenced
Income Support (Income based)		
Job Seekers Allowance		
Employment Support Allowance		
Inc incapacity Benefit or Severe Disablement Allowance		
State Pension Credit		
Support under part VI of the immigration & Asylum Act 1999		

I CAN CONFIRM THAT THE NAMED APPLICANT IS IN RECEIPT OF THE BENEFITS STATED AND THE COMMENCEMENT DATE IS ACCURATE

Name of Job Centre Plus Officer (PRINT NAME)		Job Centre Plus Stamp
Telephone Number		
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
1st / 2nd / 3rd

Model 1	Model 2	Model 3	Model 4	Model 5
Mon – Fri 6 hours per day over 38 wks Over term time	2 ½ days Mon & Tues Wed (am) / Over extended year	2 ½ days Wed (pm) Thu – Fri / Over extended year	5 x am. Mon – Fri / Over extended year	5 x pm Mon – Fri / Over extended year

 Please indicate model in order of preference 1st / 2nd / 3rd / 4th / 5th 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>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
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 1st / 2nd / 3rd 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

Happitots Nursery (Inverkip)

Kidology Nursery

You must contact the provider directly to discuss their delivery models / times of sessions / weeks per year before choosing as an option.

SECTION 4

PLEASE READ THIS INFORMATION AND INTIAL EACH BOX BEFORE SIGNING THE DECLARATION BY APPLICANT BOX BELOW	Initial
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.	
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.	
All ELC allocations are prioritised in line with Inverclyde Council Admissions Policy which is available on the Inverclyde Council Website.	
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.	
Individual childcare arrangements that are in place cannot be considered as the residing address.	
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.	
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.	
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.	

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 not 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
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FUNDDED 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		