

2 YEAR OLD EARLY LEARNING AND CHILDCARE 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		
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		
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 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		