

# APPLICATION FORM

## FOR 3-5 NURSERY PLACE 2017-18



**NOTE:**

**Completed forms must be returned to the nursery of your first choice with a copy of your Child's \*Birth Certificate (UK Nationals) and Passport or National ID Card (non-UK Nationals)**  
**Application forms will not be accepted without a Birth Certificate, Passport or National ID Card and a copy of your current year Council Tax Statement**

*Please read the Completion Advice Notes to assist you in completing this form*

FOR OFFICIAL USE ONLY	
DATE APPLICATION RECEIVED:	CATEGORY RECOMMENDED:
PROOF OF DATE OF BIRTH ATTACHED:	PROOF OF ADDRESS ATTACHED
EXPECTED START DATE:	SPLIT PLACEMENT DETAILS:

### 1. CHILDS DETAILS

This information must replicate the information on the child's birth certificate

FORENAME(S):	ADDRESS:
SURNAME:	
KNOWN AS:	
GENDER:	CONTACT NUMBER(S):
DATE OF BIRTH:	
BIRTH CERT NO: (UK NATIONALS)	PASSPORT NO. OR NATIONAL IDENTITY NO: (NON-UK NATIONALS)

### PLEASE PROVIDE DETAILS OF ANY OTHER ADDRESS YOU HAVE LIVED IN THE PAST 3 YEARS

ADDRESS:

### 2. NURSERY CHOICES

Please indicate your 3 choices of nursery in order of priority. Choices of nursery are not guaranteed.

1.	
2.	
3.	
Do you wish to split your child's funding between more than one nursery? <b>(Please read item 2 of the guidance notes carefully)</b>	YES / NO (please delete as appropriate)
If yes, please indicate the name of the other nursery. <b>Please ensure you have also submitted a fully completed application to the other nursery.</b>	

### 3. FAMILY DETAILS

Applicant should be the parent or main carer. Please also provide the details of child's day carer, e.g. childminder, grandparent etc.

<b>CONTACT 1 (APPLICANT)</b> TITLE: FORENAME: SURNAME: RELATIONSHIP TO CHILD: GENDER:	Please complete address if different from child's ADDRESS:  TOWN: POSTCODE: E-MAIL:
CONTACT NUMBER(S):	CONTACT: YES / NO CAN COLLECT: YES / NO (please delete as appropriate)
<b>CONTACT 2</b> TITLE: FORENAME: SURNAME: RELATIONSHIP TO CHILD: GENDER:	Please complete address if different from child's ADDRESS:  TOWN: POSTCODE: E-MAIL:
CONTACT NUMBER(S):	CONTACT: YES / NO CAN COLLECT: YES / NO (please delete as appropriate)
<b>CONTACT 3</b> TITLE: FORENAME: SURNAME: RELATIONSHIP TO CHILD: GENDER:	Please complete address if different from child's ADDRESS:  TOWN: POSTCODE: E-MAIL:
CONTACT NUMBER(S):	CONTACT: YES / NO CAN COLLECT: YES / NO (please delete as appropriate)
<b>OTHER CHILDREN IN THE HOUSEHOLD</b> Please state in order of age, with oldest first	
NAME:	AGE:
NAME:	AGE:
NAME:	AGE:

### 4. PLACE REQUESTED

Please read items 4 and 5 of the guidance notes carefully). Please state your preferred pattern of attendance below.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					
FULL DAY					

### 5. EXTENDED CHILDCARE (No guarantees are given to provide extended childcare)

Do you require extended childcare:      Yes                                        No                   

If yes, are you:                                      A working parent                       In full time education                   

If yes, for how many weeks:                      50 weeks                                        38 weeks                   

**Please indicate below the extended childcare required, please state start and finish times**  
(Please read item 5 of the guidance notes carefully)

All of the following are out with core sessions	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BEFORE AM SESSION					
AFTER AM SESSION					
BEFORE PM SESSION					
AFTER PM SESSION					

**Please give details of all adults (persons over 16) in the household, including parents if applicable**

NAME	RELATIONSHIP TO CHILD	EMPLOYMENT/ EDUCATION	EMPLOYER/ COLLEGE DETAILS	M	T	W	T	F
				AM	AM	AM	AM	AM
				PM	PM	PM	PM	PM
				AM	AM	AM	AM	AM
				PM	PM	PM	PM	PM
				AM	AM	AM	AM	AM
				PM	PM	PM	PM	PM

### 6. CURRENT NURSERY

Does this child already attend nursery provision?      Yes / No (please delete as appropriate)

If yes, please give name and address of nursery:

## 7. HEALTH INFORMATION INCLUDING CHILD'S NAMED PERSON

Does this child have any long-term medical condition or disability? Yes / No / Not Disclosed (please delete as appropriate)

If yes, has there been a professional assessment identifying a disability? Yes / No (please delete as appropriate)

If yes, can you provide copies of the professional assessments? Yes / No (please delete as appropriate)

<b>CHILD'S DOCTOR'S NAME:</b>	TELEPHONE NO:
<b>CHILD'S HEALTH VISITOR (NAMED PERSON):</b>	PRACTICE NAME:
ADDRESS:	TOWN:
POSTCODE:	TELEPHONE NO:

## 8. ADDITIONAL INFORMATION

Please include all relevant information in support of your application (USE ADDITIONAL SHEET IF REQUIRED)

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## 9. ETHNIC & RELIGIOUS BACKGROUND

We would like you to help us collect information about your ethnic background, language, religion and national identity. This information is extremely valuable as it is used to monitor the effectiveness of the Council's Race Equality Policy. (Please circle below)

WHITE UK	WHITE OTHER	ASIAN INDIAN	ASIAN BANGLADESHI	ASIAN PAKISTANI		
ASIAN CHINESE	ASIAN OTHER	BLACK AFRICAN	BLACK CARIBBEAN	BLACK OTHER		
GYPSY TRAVELLER	MIXED	NOT DISCLOSED	OTHER (please specify)			
<b>CHILD'S RELIGION</b> (e.g. Christian, Muslim, etc.)						
<b>ASYLUM STATUS:</b> (Please circle as appropriate)	N/A	ASYLUM SEEKER	REFUGEE			
<b>NATIONAL IDENTITY:</b> (Please circle as appropriate)	SCOTTISH	BRITISH	ENGLISH	N.IRISH	WELSH	OTHER

**10. MARKETING**

Please circle one of the following, indicating how you were informed of the application process

LOCAL PRESS	LOCAL PRIMARY SCHOOL	COUCIL BUILDINGS (Libraries, Community Centres etc.)
FRIENDS	OTHER (Please state)	

**11. APPLICANT DECLARATION**

The details provided are a true statement of my circumstances. I understand that if I give false information it will put at risk any placement offered. I agree to inform the nursery of any changes in my circumstances as this also may affect any placement offered.

SIGNATURE:	DATE:
PRINT NAME:	RELATIONSHIP TO CHILD:

**DATA PROTECTION**

The processing of your personal information by North Lanarkshire Council is carried out in accordance with the Data Protection Act 1998. The information contained within this form will be used to process your application for a nursery place. Where appropriate, we may have to share information with other departments and agencies working with on behalf of North Lanarkshire Council. To access the information held, please apply in writing to the, Executive Director of Learning & Leisure Services, Civic Centre, Windmillhill Street, Motherwell, ML1 1AB

**12. RECEIPT**

Please complete and return to applicant as proof of submission

I CAN CONFIRM A COMPLETED APPLICATION FORM AND SUPPORTING PAPERWORK HAS BEEN RECEIVED FOR CHILD'S NAME (insert child's name):

RECEIVED BY (print name please)	DATE RECEIVED:
NAME OF ESTABLISHMENT:	