



Notes for Parents/Carers on Completing Application Form for a Placement in an Early Learning and Childcare Establishment

1. Making Application

Please note only one application is required. Please indicate your first, second and third choices of early learning and childcare establishments. All applications are presented to an admission panel for allocation. The panel consists of heads of establishments and representatives from other agencies. **The panel will try to accommodate your first preference, however please note there may be occasions when the head of another establishment will contact you to offer you a place if no place is available at your preferred early learning and childcare establishment.** The number of preferences given on the application form does not affect the allocation process. **All information given by you will be treated in confidence.**

2. Placement Requested

It is not always possible to meet your preferred placement, but it is helpful to know your preference, for example, specific days, times, term time or full year in line with the Scottish Governments eligibility criteria.

3. Child's Address

This should be the address of the legal guardian. Only one address is acceptable. **Proof of residence will be asked for.**

4. Parents/Carers Names

For this application form we only require the names of the child's legal guardian/s.

5. Confirmation of the Child's Date of Birth

Confirmation of the child's date of birth is **required** when applying for an early learning and childcare placement. The child's original birth certificate should be used. Photocopies are not acceptable.

6. Confirmation of Benefits

Proof of benefit/credit **is** required in the form of written confirmation from the benefits office/HM Revenue and Customs.

7. Deciding on Priorities

Where there is a shortage of provision, difficult choices must be made. Renfrewshire Council has agreed that there are some family circumstances which will give priority for admission. There are occasions when your child may be allocated a place at another establishment. Priorities for admission are outlined in the parents' leaflet on early learning and childcare admission which is available with your application form. Please give all relevant information that could affect your application. If your circumstances change while your child's name is on the register of applicants or once they have been allocated a place, please contact the early learning and childcare establishment.

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Renfrewshire Council - Children's Services

Receipt of an application form to:

(name of establishment) _____

This is to acknowledge receipt of an application from:

Parent: _____

Child: _____

Address: _____

Head of Establishment: _____ (signature)

Date: _____



Renfrewshire Council: Children's Services
Application Form for a Place in an Early Learning and Childcare Establishment

To be completed by the establishment:

		Confirmation of benefit/credit/education status	<input type="checkbox"/>
Application received	<input type="checkbox"/>	School year	<input type="checkbox"/>
Birth certificate or passport number	<input type="checkbox"/>	Request for assistance requested	<input type="checkbox"/>
Proof of address	<input type="checkbox"/>	SIMD Priority area (yes/no)	<input type="checkbox"/>
Sessions offered	<input type="checkbox"/>	Split place	<input type="checkbox"/>
		Panel date	<input type="checkbox"/>
		Proposed priority	<input type="checkbox"/>
		Confirmed priority	<input type="checkbox"/>
		Entry date	<input type="checkbox"/>

Please identify your choice/s of establishment in order of preference 1st, 2nd, 3rd.

Please note only one application is required. However, if you make application to any other establishment your most recent application will be deemed as your preferred choice.

Details of our charging policy and children's entitlement to free early learning and childcare are provided in the parent's leaflet. We will try to accommodate your preferences, but this is not always possible, and you may be offered an alternative establishment or sessions.

1 st establishment name	2 nd establishment name	3 rd establishment name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate your preferred placement:

	Monday		Tuesday		Wednesday		Thursday		Friday	
	Start	End	Start	End	Start	End	Start	End	Start	End
AM (Hours)										
PM (Hours)										
Full day (Hours)										
Term time										
Full year (50 weeks)										

Are you applying for a split placement between a partner provider and a council early learning and childcare establishment? (please give details below) Yes / No:

Full name of child	<input type="text"/>	Date of birth	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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Address

Postcode Telephone no.

Parents/Carers

1st contact

Address

Times of work

Daytime tel.

Mobile tel.

Email

2nd contact

Address

Times of work

Daytime tel.

Mobile tel.

Email

Please tick if in receipt of:

Income Support	<input type="checkbox"/>	Job Seekers Allowance	<input type="checkbox"/>	Maximum Child tax credit & maximum working tax credit.	<input type="checkbox"/>
Employment and Support allowance	<input type="checkbox"/>	Child Tax Credit	<input type="checkbox"/>	Support under Part VI of the Immigration and Asylum Act 1999	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>	State Pension Credit	<input type="checkbox"/>	Incapacity or Severe Disablement Allowance	<input type="checkbox"/>

Please tick if applicable:

Asylum seeker	<input type="checkbox"/>	Refugee	<input type="checkbox"/>
No permanent address	<input type="checkbox"/>	Military family	<input type="checkbox"/>
Parent under 16 in full time education	<input type="checkbox"/>	Premature Baby	<input type="checkbox"/>

If yes, were they born between:

Weeks 30-36:	<input type="checkbox"/>
Below 30 Weeks	<input type="checkbox"/>

Names and ages of other children in family (please list):

Please state professional agencies involved with your family

GP

Contact person

Address

Telephone no.

Social Work

Contact person

Address

Telephone no.

Health Visitor

Contact person

Address

Telephone no.

Other

Contact person

Address

Telephone no.

Please tick appropriate box:

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 professional assessment?

Yes

No

Additional information in support of application

Do you feel your child needs a priority place (please refer to the parent's leaflet)?

Yes

No

If yes, please state the reason(s) for priority place and/or feel free to discuss your reasons with the head of establishment who will be happy to assist you.

Equality information

We would like you to help us collect information about your language, religion, ethnic background and national identity. You are not required to answer the following questions; however, the information is extremely valuable as it is used to monitor the effectiveness of the council and helps us to plan services.

Ethnic background

What language(s) does your child speak?

National Identity

Religion

Declaration of Parent/Carer

I declare that the above is a true statement of my circumstances. If required I give permission for the person(s) named above to be contacted about this application.

Signature of Parent/Carer: _____

Date: _____