



SCHOOLS, LEARNING AND EDUCATION Application Form for an Early Years Childcare Place 2018-19

This form is to be used to apply for a place at a local authority nursery, private partner nursery or partner childminder.

The information collected in this form is used by Stirling Council to exercise our statutory duties in relation to Early Learning and Childcare (ELC) and funded childcare places at local authority nurseries, private partner nurseries, and partner childminders. A full privacy statement is contained in section K.

SECTION A

SECTION A							
CHILD DETAILS							
Forename(s)			Known As				
Surname							
Date of Birth			Gender (M/F)	МП	F□		
Address							
Postcode			Telephone No.				
Identification Type			Birth Certificate Nur	nber	/		
FAMILY DETAILS							
Parent / Carer (Main C	ontac	ct) *Please include title (Mr/Mrs/Ms)					
Name (including title)							
Address							
Postcode		Home Te	elephone No.				
		Mobile No	0.				
		Email					
Relationship description	n	Authorise	ed to collect child	Yes □ No □			
		Contact		Yes □	No □		
Name & Address of Wo Training or Education (in applicable)							
Days & Hours of Work, Training or Education							
Work Telephone Numb	er						

Parent / Carer (2 nd Contact)							
Name (includin	g title)						
Address (if different from	n overleaf)						
Postcode		I	Home Telephone No.				
	•	1	Mobile No.				
Relationship de	escription	I	Email				
		,	Authorised to collect child	d Yes □ No	0 🗆		
	•	(Contact	Yes □ No) 		
Name & Addre Training or Edu applicable)	· ·	•		<u> </u>			
Days & Hours of Training or Edu							
Work Telephor	ne No.						
Go to Section (C if you are applyin D if you are applyin	g for a 0-3 year old g for a 2-3 year old 3 or 4 Year Old Pl	place (funded)				
A list of partner r Association) can Please list up to return the compl	nurseries and partne also provide details 3 choices in priority eted form to your firsce cannot be made a	r childminders can be of partner childminde order, whilst we will to st choice nursery or pa	dminder do you wish you obtained from our websers in your area. (SCMA) to offer your first choice artner childminder (provinchoice of nursery or particular.	site. The SCMA (S Tel: 01786 44900 te this cannot be g de the name of th	Scottish Childminding 53) guaranteed. Please e childminder if		
1.							
2.							
3.							
Please complete the boxes below to indicate the funded sessions you would like your child to attend. You can split your funding between a local authority nursery and private partner nursery/childminder. Please use the grey boxes to indicate the first choice nursery(s) or childminder (CM) you want for each of your funded sessions. It is important you put the name of the nursery or childminder you wish to use. Please indicate if you wish AM sessions / PM sessions or Full Day							
	Monday	Tuesday	Wednesday	Thursday	Friday		
AM ON Normania							
CM or Nursery							
PM N							
CM or Nursery							
Full Day							
CM or Nursery							

In addition to your funded sessions if available, you can purchase additional non-funded sessions.

If you wish to do so, please indicate using the table below. (Costs for non-funded sessions can be obtained from the nursery or childminder)

NO	N	FI	IN	JD	ED	SE	22	in	NC
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Please complete the boxes below to indicate the **non-funded** sessions you would like your child to attend. You can split your funding between a local authority nursery and private partner nursery/childminder. Please use the **grey boxes** to indicate where you would like your non-funded sessions to be. It is important you put the name of the nursery or childminder. Please indicate if you wish AM sessions / PM sessions or Full day to be non-funded

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
CM or Nursery					
PM					
CM or Nursery					
Full Day					
CM or Nursery					

Please enter your preferred start date:
OFFICIAL USE ONLY
Expected start date:
Actual start date:

SECTION C - Application for a 0 - 3 year old place

We offer places for 0-3 year olds in some of our local authority nurseries (listed below). 0-3 year old places **are not funded** and costs for sessions can be obtained from the nursery.

Arnprior Nursery (aged 2 years upwards only)

Doune Nursery (aged 2 years upwards only)

Baker Street Nursery
Cowie Nursery
Cornton Nursery
Crianlarich Nursery
Croftamie Nursery (aged 2 years upwards only)
Fallin Nursery
Hillview Nursery
Killin Nursery
Park Drive Nursery
Raploch Nursery

Wellgreen Nursery (aged 2 years upwards only)

Which of the nu	Which of the nurseries listed do you wish your child to attend?						
	Please list up to 3 choices in priority order, whilst we will try to offer your first choice this cannot be guaranteed. Please return the completed form to your first choice nursery.						
1.							
2.							
3.							
If a place canno	t be made available i	n your first choice of	nursery you may have t	o consider your 2 nd	or 3 rd choice.		
NON FUNDED S	SESSIONS REQUES	STED					
Please complete	e the boxes below to	indicate the sessions	you would like your chil	d to attend.			
	Monday	Tuesday	Wednesday	Thursday	Friday		
AM							
PM							
Full Day							
Please enter	Please enter your preferred start date:						
OFFICIAL USE	OFFICIAL USE ONLY						
Expected start date:							
Actual start dat	e:						

SECTION D – Application for a 2-3 year old funded place

You may be eligible for a funded 2-3 year	old place.					
, ,	p. a.c.					
Do I qualify?						
Two year old children of all Universal Credit (UC) claimants are eligible for funded ELC provision. For 2018/19, Scottish Ministers have set the UC income threshold for ELC eligibility at £610 per calendar month (based on the equivalent £7320 per year). This means that a two year old will qualify for an ELC place where their parent(s) are claiming Universal Credit and the household earned is £610 or less per month.						
*If you are unsure of which benefit you are in	n receipt of, please contact your local Job Centre Plus for advice.					
To be eligible, the applicant is required to related activity. Evidence of this will be re	o demonstrate that childcare is a barrier to engagement in work equired.					
State the name of the work related activit for verification:	ty, date started, how often this takes place and contact details					
Examples: Further study/education, training	g, work experience, volunteering					
Nursery or childminder requested.						
	the nurseries listed below and also with our partner childminders. A list of our website or by contacting The SCMA (Scottish Childminding					
Please tick the box below if you wish to u	use a partner childminder.					
Partner Childminder						
Please provide details of the partner childn	ninder, if known, (name & address)					
List of local cuth cutty purposes are visited	where for 2.2 year olds					
List of local authority nurseries providing Amprior Nursery	Hillview Nursery					
Baker Street Nursery	Killin Nursery					
Cornton Nursery	Park Drive Nursery					
Cowie Nursery	Raploch Nursery					
Crianlarich Nursery	Wellgreen Nursery					
Croftamie Nursery	Callander Primary School – Nursery Class (pm only)					
Doune Nursery	Dunblane Primary School – Nursery Class (pm only)					
Fallin Nursery						

			partner childminder do y to offer your first choice		
	e completed form to y		ery or partner childmind		
·.					
3.					
f a place cannot our 2 nd or 3 rd ch		n your first choice of I	nursery or partner child	minder, you may ha	ve to consider
	IONO DEGLICATED				
Please complete	the boxes below to it ween a local authority		sessions you would like ner childminder.	your child to attend	. You can split
unded sessions		out the name of the n	rsery(s) or childminder ursery or childminder y		
	Monday	Tuesday	Wednesday	Thursday	Friday
λM					
CM or Nursery					
PM					
CM or Nursery					
-ull Day					
CM or Nursery					
childminder) Plea		AM sessions / PM sess	(Costs for unfunded sessions or Full Day to be nor		om the nursery
	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
CM or Nursery					
PM					
CM or Nursery					
Full Day					
CM or Nursery					
Please enter y	our preferred start o	date:			
OFFICIAL USE	ONLY				
Expected star	t date:				
Actual start da	ate:				

SECTION E

SECTION E							
HEALTH VISITOR DETAILS	•						
Name of Health Visitor (if known)							
Name of Health Centre							
Street							
Locality							
Town							
Postcode							
Phone No							
	-						
27 – 30 MONTH ASSESSM							
I give permission for the nurs	sery to receive a copy of my c	child's 27-30 month assessme	nt Yes 🗆 No 🗆				
CHILD HEALTH INFORMAT	TION						
Does your child have any lor	ng-term illness, medical condi		es □ No □ ot Disclosed □				
Has there been a profession Can you provide copies of pro-	al assessment confirming dis- rofessional assessment?		es 🗆 No 🗆 es 🗆 No 🗆				
DOCTORS DETAILS		I					
Health Board Selec	t Local Health Board	Practice Address					
		Address					
		Post Code					
		Telephone No.					
MEDICAL CONDITIONS							
Name of Condition	Today's date	Discussed with eg. Mother / Carer (please state)	Face to Face / Phone etc. (please state)				
CONCERNS	,	otato					
Please add details of any of	-	-					
Sight	Yes □ No □ Yes □ No □						
Hearing Speech/Language	Yes D No D						
Co-ordination and movemen							
Behaviour	Yes □ No □						
Toileting	Yes □ No □						
Educational Psychologist	Yes □ No □						
Social Worker	Yes □ No □						
Other (please state)							

DIETARY REC	QUIREMENTS						
Does your child have any special dietary requirements? Yes □ No □ Not Disclosed □ If yes, please provide details: Allergies (please state)							
SECTION F							
LOOKED AFTER CHILDREN - The term 'looked-after children and young people' refers to those looked after by the local authority, including those who are subject to a care order or temporarily classed as being looked after on a planned basis for short breaks or respite care. This includes children who are fostered or under kinship care.							
Local authority	responsible for care/GIRF	EC plan	Select you own authority				
Date	Looked Aft	er	Away From Home	Legislation			
EVIDENCE REQUIRED - Failure to submit the appropriate paperwork (below) may result in this application being delayed or rejected. Birth Certificate Proof of address must not be older than 3 months (Utility Bill; Council Tax Bill; Bank Statement; Polling Card; Working Family Tax Credit info) Correct Postcode of Home Address							
evidence.		r	of any of the following? If ye				
Council Tax (si	ingle parent / student)	Yes □ No □	Child Benefit Job Seekers Allowance	Yes □ No □			
Income Suppo	rt	Yes □ No □	(income based)	Yes □ No □			
Employment S (income based	upport Allowance)	Yes □ No □	Incapacity Benefit or Sever Disablement Allowance	Yes □ No □			
State Pension	Credit	Yes □ No □					
OFFICE USE ONLY (to be completed by the Nursery or Partner Childminder) Please note do not photocopy any documents. You must see originals.							
Completed by: Name of nurse	ry staff or childminder						
Original birth certificate seen Yes □ No □ Birth cert number:							
Original proof	of address seen	Yes □ No □	Document type and date				
Evidence of be	enefits seen (list all seen)						

SECTION H

In this section we are asking for data about your child's ethnic background to enable us to monitor and analyse applications. Provision of this data is voluntary, but would assist us to monitor and reduce inequalities.

ETHNIC BACKGROUND							
Ethnic Origin - Please tick	one cate	gory					
African – African/British/Scottish			Caribbean or Black - Caribbean/British/Scottish			White - Gypsy Traveller	
African – Other			Caribbean or Black - Other			White – Irish	
Asian - Bangladeshi/British/Scottish	1		Mixed or multiple ethnic grou	ıps		White – Other	
Asian - Chinese/British/Scottish			Not Disclosed			White - Other British	
Asian - Indian/British/Scottish			Not Known			White - Polish	
Asian – Other			Other Arab			White - Scottish	
Asian - Pakistani/British/Scottish			Other – Other				
If you have ticked one of the	'Other' b	oxes	for any of the above eth	nic origir	s, plea	se enter the specific eth	nic origin
here:							
Child's Religion - Please tid	ck anv rel	iaious	affiliation below				
Buddhist		Mus			Other	(please specify)	
Christian		None			Sikh	(1, 2, 2, 2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	
Hindu		Not I	Disclosed				
Jewish		Not I	Known				
If you have ticked the 'Other	box plea	ise en	ter the specific religion h	ere:			
N							
National Identity - Please ti	ck one ca	Ī	•				<u>-</u>
British		Not I	Disclosed		Scotti	sh	
English		Not I	Known		Welsh	ı	
Northern Irish			er (please specify)				
If you have ticked the 'Other	' box plea	ise en	ter the specific National	Identity I	nere:		
Asylum Status / Refugee S	Status - P	lease	tick one category				
Asylum Seeker □			0 ,		Refug	ee 🗆	
,							
Main Home Language - Ple	ease tick	one ca	ategory for level of lang u	ıage			
New to English		Comp	etent		Limited	communication	
Early Acquisition		Fluent	t		Not ass	essed	
Developing competence		Englis	sh as a 'first language'				
Additional Home Language	e(s) (if ap	plicab	ole) - e.g. English, Gaeli	c			

SECTION I

ADDITIONAL INFORMATION	N TO SUPPORT APPLICAT	TION					
Additional Information to supp	port application (as required)						
Are there any other children	n living in your houshold	YES / NO					
Name(s) of other children	Date(s) of birth	Relationship to Nursery Applicant	School / Nursery Attended (if any)				
(LA = Local Authority)							
Catchment LA Primary (pleas	e state which one):		-				
Intended LA Primary (if different	ent from above):						
Intended Non LA Primary (if a	applicable):		·				
Unknown							
SECTION J	<u> </u>						
DECLARATION & SIGNATU	IRE:						
It is important that the info help us when considering	, ,	plication form is as full and acc	curate as possible. This will				
 Failure to provide the app 	propriate paperwork & proof	of address may result in this a y confidential, however we ma					
with your Health Visitor a	nd/or GP to ensure it is accu	rate. Information you give will es to the information you give	be stored on computer.				
		provider ASAP in order that th					
.		ving August. You will be sent a	letter telling you the				
 If you have any questions about the admissions policy or process you should contact your local nursery or partner provider in the first instance. Should they be unable to answer your query, please contact the Early Childhood Co-ordination Officer - 01786 233206. 							
I confirm that to the best of m	y knowledge, all of the inforr	mation provided by me on this					
accurate and I have informed the nursery of any split / shared placement requests . I have submitted the required evidence to support this application. I am aware that Stirling Council will carry out checks to ensure that public funds / resources are correctly allocated / awarded.							
Parent / Carer's Signature:		Date:					
Please return your completed form to your <u>first choice</u> establishment or partner childminder. If you are applying for a split place please send a copy to each establishment.							

SECTION K

DATA PROTECTION: Privacy Statement

The information collected in this form is used by Stirling Council to exercise our statutory duties in relation to Early Learning and Childcare (ELC) and funded childcare places at local authority nurseries, private partner nurseries, and partner childminders. The Council has duties under the Education (Scotland) Act 1980, the Standards in Scotland's Schools etc. Act 2000, and the Children & Young People (Scotland) Act 2014.

The purposes of collecting information through the application form include:

- to allocate children to appropriate ELC settings based on location or parental choice
- to ensure a child is given appropriate provision to meet their needs and to have contact details for when required
- to form the basis of the child's school record when they transition to school
- to allow the setting and the local authority to monitor and plan for ELC provision that is flexible and allows for an appropriate degree of parental choice
- to allow the Scottish Government, as part of the ELC census, to monitor and plan for ELC provision (names and full addresses are not shared)
- to allow, in the future, the information to be linked to other data such as social work, education or health data to consider the effects of different ELC provision on a child's outcomes and to allow school education functions to be exercised in a way designed to reduce inequalities of outcome.

The information collected will be kept by Stirling Council on computer until your application is processed, and while your child attends a funded childcare place. If your child moves on to a Stirling Council school, the information will be retained on a system called SEEMiS which is used to store information about pupils attending our schools. If your child moves onto a school outwith the Stirling Council area, their details will be deleted once your child no longer attends nursery.

Some of the information collected here will be shared with the Scottish Government to improve the ability to monitor ELC rates and analyse these by children's characteristics in order to identify specific groups for targeted support and improve the outcomes for children and reduce inequalities. Names and full addresses are not shared with the Scottish Government.

You have rights in relation to personal data processed about you and your child, including a right of access to personal data, and a right to object to processing.

For further information about this, please see: www.stirling.gov.uk/dataprotection

OFFICE USE ONLY (Nursery Setting or Partner Childminder)

Date of application:

Date received by setting / partner childminder:

All relevant evidence listed as seen in section G (circle): YES / NO

OFFICE USE ONLY (Early Years and Early Intervention Team)

Date of application:

Date received by partner childminder:

Date received by Early Years and Early Intervention Team (partner childminder forms only):

All relevant evidence listed as seen in section G (circle): YES / NO

Date sent to SCMA: