

Total Number of Points



SCHOOLS, LEARNING AND EDUCATION
Application Form for an Early Years Childcare Place 2020 - 2021

This form is to be used to apply for a place at a local authority nursery or with a funded provider nursery or 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, funded provider nurseries and childminders. A full privacy statement is contained in section K.

SECTION A

| | | | |
|--|--|-----------------------------|--|
| CHILD DETAILS | | | |
| Forename(s) | | Known As | |
| Surname | | | |
| Date of Birth | | Gender (M/F) | M <input type="checkbox"/> F <input type="checkbox"/> |
| Address | | | |
| Postcode | | Telephone No. | |
| Identification Type | | Birth Certificate Number | ___/___/___ |
| FAMILY DETAILS | | | |
| Parent / Carer (Main Contact) *Please include title (Mr/Mrs/Ms) | | | |
| Name (including title) | | | |
| Address | | | |
| Postcode | | Home Telephone No. | |
| | | Mobile No. | |
| | | Email | |
| Relationship description | | Authorised to collect child | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Contact | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Name & Address of Work, Training or Education (if applicable) | | | |
| Days & Hours of Work, Training or Education | | | |
| Work Telephone Number | | | |

| Parent / Carer (2 nd Contact) | | | |
|---|--|-----------------------------|--|
| Name (including title) | | | |
| Address (if different from overleaf) | | | |
| Postcode | | Home Telephone No. | |
| | | Mobile No. | |
| Relationship description | | Email | |
| | | Authorised to collect child | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Contact | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Name & Address of Work, Training or Education (if applicable) | | | |
| Days & Hours of Work, Training or Education | | | |
| Work Telephone No. | | | |

Go to **Section B** below if you are applying for a 3 or 4 year old place (funded by the Scottish Government)
Go to **Section C** if you are applying for a 0-3 year old place (non-funded)
Go to **Section D** if you are applying for a 2-3 year old place (funded)

SECTION B – Application for a 3 or 4 Year Old Place

| | | | | | |
|--|---------------|----------------|------------------|-----------------|---------------|
| Which local authority nursery, funded provider nursery / childminder do you wish your child to attend? | | | | | |
| A list of funded provider nurseries and childminders can be obtained from our website. The SCMA (Scottish Childminding Association) can also provide details of funded provider childminders in your area. (SCMA Tel: 01786 449063) | | | | | |
| 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 or funded provider childminder (provide the name of the childminder if known). <i>If a place cannot be made available in your first choice of nursery or funded provider childminder, you may have to consider your 2nd or 3rd choice.</i> | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| FUNDED SESSIONS REQUESTED: | | | | | |
| 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 funded provider nursery/childminder. Please use the grey boxes to indicate the first choice nursery(s) or funded provider childminder (CM) you want for each of your funded sessions. It is important you put the name of the nursery or funded provider childminder you wish to use. Please indicate if you wish AM sessions / PM sessions or Full Day | | | | | |
| | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM | | | | | |
| CM or Nursery | | | | | |
| PM | | | | | |
| 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)

| NON FUNDED SESSIONS | | | | | |
|--|---------------|----------------|------------------|-----------------|---------------|
| 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 funded provider 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. Funded provider nurseries/childminders also offer **unfunded** 0-3 places and details can be found on our website.

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

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 cannot be made available in your first choice of nursery you may have to consider your 2nd or 3rd choice.

NON FUNDED SESSIONS REQUESTED

Please complete the boxes below to indicate the sessions you would like your child to attend.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------|--------|---------|-----------|----------|--------|
| AM | | | | | |
| PM | | | | | |
| Full Day | | | | | |

Please enter your preferred start date:

OFFICIAL USE ONLY

Expected start date:

Actual start date:

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

You may be eligible for a funded 2-3 year old place.

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 receipt of, please contact your local Job Centre Plus for advice.

Nursery or childminder requested.

We offer places for eligible two year olds in the nurseries listed below and also with our funded provider childminders. A list of funded provider childminders can be obtained from our website or by contacting The SCMA (Scottish Childminding Association) on Tel: 01786 449063.

Please tick the box below if you wish to use a partner childminder.

Funded Provider Childminder

Please provide details of the funded provider childminder, if known, (name & address)

List of local authority nurseries providing places for 2-3 year olds.

| | |
|----------------------|---|
| Arnprior 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 |
| Doune Nursery | Dunblane Primary School – Nursery Class (pm only) |
| Fallin Nursery | |

Which local authority nursery, from the list above, or funded provider childminder 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 or partner childminder (provide the name of the childminder if known).

1.

2.

3.

If a place cannot be made available in your first choice of nursery or funded provider childminder, you may have to consider your 2nd or 3rd choice.

| FUNDED SESSIONS REQUESTED | | | | | |
|--|---------------|----------------|------------------|-----------------|---------------|
| 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 a funded provider childminder. | | | | | |
| Please use the grey boxes to indicate the first choice nursery(s) or funded provider childminder (CM) you want for each of your funded sessions. It is important you put the name of the nursery or funded provider childminder you wish to use. Please indicate if you wish AM sessions / PM sessions / Full Day | | | | | |
| | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM | | | | | |
| CM or Nursery | | | | | |
| PM | | | | | |
| 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 unfunded sessions can be obtained from the nursery or childminder) Please indicate if you wish AM sessions / PM sessions or Full Day to be non-funded

| NON FUNDED SESSIONS REQUESTED | | | | | |
|--------------------------------------|---------------|----------------|------------------|-----------------|---------------|
| | 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 E

| HEALTH VISITOR DETAILS | |
|-----------------------------------|--|
| Name of Health Visitor (if known) | |
| Name of Health Centre | |
| Street | |
| Locality | |
| Town | |
| Postcode | |

| | |
|----------|--|
| Phone No | |
|----------|--|

27 – 30 MONTH ASSESSMENT

I give permission for the nursery to receive a copy of my child's 27-30 month assessment Yes No

CHILD HEALTH INFORMATION

Does your child have any long-term illness, medical condition or disability? Yes No
Not Disclosed

If yes, please give a brief description:

Has there been a professional assessment confirming disability? Yes No
Can you provide copies of professional assessment? Yes No

DOCTORS DETAILS

| | | |
|--------------|----------------------------------|---------------|
| Health Board | Select Local Health Board | Practice |
| | | 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

Please add details of any concerns about your child

Sight Yes No

Hearing Yes No

Speech/Language Yes No

Co-ordination and movement Yes No

Behaviour Yes No

Toileting Yes No

Educational Psychologist Yes No

Social Worker Yes No

Other (please state)

DIETARY REQUIREMENTS

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/GIRFEC plan

Select you own authority

| Date | Looked After | Away From Home | Legislation |
|------|--------------|----------------|-------------|
| | | | |

SECTION G

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

Are you or another parent/carer in the household in receipt of any of the following? **If yes please supply evidence.**

| | | | |
|---|--|---|--|
| Council Tax (single parent / student) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Child Benefit | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Income Support | Yes <input type="checkbox"/> No <input type="checkbox"/> | Job Seekers Allowance (income based) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Employment Support Allowance (income based) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Incapacity Benefit or Sever Disablement Allowance | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| State Pension Credit | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

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 nursery staff or childminder | | | |
| Original birth certificate seen | Yes <input type="checkbox"/> No <input type="checkbox"/> | Birth cert number: | |
| Original proof of address seen | Yes <input type="checkbox"/> No <input type="checkbox"/> | Document type and date | |
| Evidence of benefits 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 category | | | | | |
| African – African/British/Scottish | <input type="checkbox"/> | Caribbean or Black - Caribbean/British/Scottish | <input type="checkbox"/> | White - Gypsy Traveller | <input type="checkbox"/> |
| African – Other | <input type="checkbox"/> | Caribbean or Black - Other | <input type="checkbox"/> | White – Irish | <input type="checkbox"/> |
| Asian - Bangladeshi/British/Scottish | <input type="checkbox"/> | Mixed or multiple ethnic groups | <input type="checkbox"/> | White – Other | <input type="checkbox"/> |
| Asian - Chinese/British/Scottish | <input type="checkbox"/> | Not Disclosed | <input type="checkbox"/> | White - Other British | <input type="checkbox"/> |
| Asian - Indian/British/Scottish | <input type="checkbox"/> | Not Known | <input type="checkbox"/> | White - Polish | <input type="checkbox"/> |
| Asian – Other | <input type="checkbox"/> | Other Arab | <input type="checkbox"/> | White - Scottish | <input type="checkbox"/> |
| Asian - Pakistani/British/Scottish | <input type="checkbox"/> | Other – Other | <input type="checkbox"/> | | |
| If you have ticked one of the 'Other' boxes for any of the above ethnic origins, please enter the specific ethnic origin here: | | | | | |

| Child's Religion - Please tick any religious affiliation below | | | | | |
|---|--------------------------|---------------|--------------------------|------------------------|--------------------------|
| Buddhist | <input type="checkbox"/> | Muslim | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> |
| Christian | <input type="checkbox"/> | None | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | Not Disclosed | <input type="checkbox"/> | | |
| Jewish | <input type="checkbox"/> | Not Known | <input type="checkbox"/> | | |
| If you have ticked the 'Other' box please enter the specific religion here: | | | | | |

| National Identity - Please tick one category | | | | | |
|--|--------------------------|------------------------|--------------------------|----------|--------------------------|
| British | <input type="checkbox"/> | Not Disclosed | <input type="checkbox"/> | Scottish | <input type="checkbox"/> |
| English | <input type="checkbox"/> | Not Known | <input type="checkbox"/> | Welsh | <input type="checkbox"/> |
| Northern Irish | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> | | |
| If you have ticked the 'Other' box please enter the specific National Identity here: | | | | | |

| Asylum Status / Refugee Status - Please tick one category | | | |
|--|--------------------------|---------|--------------------------|
| Asylum Seeker | <input type="checkbox"/> | Refugee | <input type="checkbox"/> |

| Main Home Language - Please tick one category for level of language | | | | | |
|--|--------------------------|-------------------------------|--------------------------|-----------------------|--------------------------|
| New to English | <input type="checkbox"/> | Competent | <input type="checkbox"/> | Limited communication | <input type="checkbox"/> |
| Early Acquisition | <input type="checkbox"/> | Fluent | <input type="checkbox"/> | Not assessed | <input type="checkbox"/> |
| Developing competence | <input type="checkbox"/> | English as a 'first language' | <input type="checkbox"/> | | |

| |
|---|
| Additional Home Language(s) (if applicable) - e.g. English, Gaelic |
|---|

SECTION I

| ADDITIONAL INFORMATION TO SUPPORT APPLICATION |
|---|
| Additional Information to support application (as required) |

| Are there any other children living in your household | | | | 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 (please state which one): | |
| Intended LA Primary (if different from above): | |
| Intended Non LA Primary (if applicable): | |
| Unknown | <input type="checkbox"/> |

SECTION J

| |
|---|
| <p>DECLARATION & SIGNATURE :</p> <ul style="list-style-type: none">• It is important that the information you give on this application form is as full and accurate as possible. This will help us when considering the allocation of places.• Failure to provide the appropriate paperwork & proof of address may result in this application being rejected.• All of the information you give will be treated as strictly confidential, however we may at times have to share with your Health Visitor and/or GP to ensure it is accurate. Information you give will be stored on computer.• If your circumstances change, or there are any changes to the information you give at the time of applying, it is very important that you inform the nursery or partner provider ASAP in order that they have up to date details when allocating places.• Most places are allocated around Easter for the following August. You will be sent a letter telling you the outcome of your application.• 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. <p>I confirm that to the best of my knowledge, all of the information provided by me on this application form is 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.</p> <p>Parent / Carer's Signature:..... Date:.....</p> <p>Please return your completed form to your first choice establishment or partner childminder. If you are applying for a split place please send a copy to each establishment.</p> |
|---|

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: