

**Stirling Council Nursery Application Form**

**2016-17**

**Pre-school & 3 year old children**

The information on this form is processed electronically for administrative purposes and is subject to the

terms of the Data Protection Act 1998. We may at times have to share with other Council Services or your

GP / Health Visitor to ensure that the information provided is accurate.

Failure to submit the appropriate paperwork: Birth Certificate & Proof of Address **may** result in this

application being rejected.

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| **CHILD DETAILS** |
| Forename(s) |  | Known As |  |
| Surname |  |
| Date of Birth |  | Gender (M/F) | M 🞏 F 🞏 |
| Address |  |
| Postcode |  | Telephone No. |  |
| Identification Type |  | Birth Certificate / Passport Number | \_\_\_ /\_\_\_\_ /\_\_\_\_ |

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| **WHICH NURSERY 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. You must advise the head teacher of the nursery of your first choice if you wish to remain on their registration for this year. (If the allocated funding to partner settings has been exceeded during the course of the school year, we will offer your child their early learning and childcare within a council nursery).* |
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| **PLACES REQUESTED** |
| Please indicate which sessions you wish the child to attend nursery (ie: am / pm / extended day)  |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |
| Ext Day |  |  |  |  |  |
|  |  |  |  |  |  |
| **Expected Start Date:** **(**to be completed by nursery) |

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| **FAMILY DETAILS** |
| **Parent / Carer (Main Contact)** |
| Name |  |
| Address |  |
| Postcode |  | Telephone No. |  |
|  | Mobile No. |  |
|  | Email |  |
| Relationship |  | Can Collect | Yes 🞏 No 🞏 |
|  | Contact | Yes 🞏 No 🞏 |
| **Name & Address of Work, Training or Education** (if applicable): |  |
| **Days & Hours of Work, Training or Education:** |  |
| **Work Telephone Number:** |  |
| **Parent / Carer (2nd Contact)** |
| Name |  |
| Address |  |
| Postcode |  | Telephone No. |  |
|  | Mobile No. |  |
| Relationship |  | Can Collect | Yes 🞏 No 🞏 |
|  | Contact | Yes 🞏 No 🞏 |

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| **Named Person** (eg. Health Visitor) |
| Name |  |
| Property (eg. Health Centre) |  |
| Street |  |
| Locality |  |
| Town |  |
| Postcode |  |
| Phone No |  |
| Email |  |
| Designation |  |

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| **CHILD HEALTH INFORMATION** |
| Does the child have any long-term illness, medical condition or disability? Yes 🞏 No 🞏 Not Disclosed 🞏If yes, please give a brief description**:**(attach separately if appropriate) |
| Has there been a professional assessment confirming disability ? Yes 🞏 No 🞏Can you provide copies of professional assessment ? Yes 🞏 No 🞏 |

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| **DOCTORS DETAILS** |
| Health Board | **Select Local Health Board** | Practice  |  |
|  |  | Address |  |
|  |  |
|  |  |
|  |  | Post Code |  |
|  |  | Telephone No. |  |

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| **Medical Conditions** |
| **Name of Condition** |  | **Discussed with** eg. Mother / Carer (please state) | **Face to Face / Phone etc.** (please state) |

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| **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) |  |
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| **DIETARY REQUIREMENTS** |
| Any special dietary requirements? Yes 🞏 No🞏 Not Disclosed 🞏If yes, please provide details**:**Allergies (please state) |

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| **ETHNIC BACKGROUND \*** |
| **Ethnic Origin** - Please tick the **one** category. |
| 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 | 🞏 | Mixed or multiple ethnic groups | 🞏 | 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’ boxes for any of the above ethnic origins, please enter the specific ethnic origin here: -  |

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| **Childs Religion \*** - Please tick any religious affiliation below |
| Buddhist | 🞏 | Muslim | 🞏 | Other (please specify) | 🞏 |
| Christian | 🞏 | None | 🞏 | Sikh | 🞏 |
| Hindu | 🞏 | Not Disclosed | 🞏 |  |  |
| Jewish | 🞏 | Not Known | 🞏 |  |  |
| If you have ticked the ‘Other’ box please enter the specific religion here: |
| **National Identity \*** - Please tick the **one** category. |
| British | 🞏 | Not Disclosed | 🞏 | Scottish | 🞏 |
|  English | 🞏 | Not Known | 🞏 | Welsh | 🞏 |
| Northern Irish | 🞏 | Other (please specify) | 🞏 |  |  |
| If you have ticked the ‘Other’ box please enter the specific National Identity here: |
| **Asylum Status / Refugee Status** \* - Please tick the **one** category. |
| Asylum Seeker 🞏 |  | Refugee 🞏 |  |

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| **Main Home Language \* –** Please tick **one** category for level of **language** |
| Additional Home Language(s) - **English, Gaelic** |
| New to English | 🞏 | Competent | 🞏 | Limited communication | 🞏 |
| Early Acquisition | 🞏 | Fluent | 🞏 | Not assessed | 🞏 |
| Developing competence | 🞏 | **English as ‘a first language’** | 🞏 |  |  |

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| **Looked After** |
| Local authority responcable for care/GIRFEC plan | Select you own authority |
| **Date** | **Looked After** | **Away From Home** | **Legislation** |
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| **ADDITIONAL INFORMATION TO SUPPORT APPLICATION** |
| Additional Information to Support Application |
| **Intended Primary** |
| LA Primary (please state) | 🞏 | Non LA Primary (please state) | 🞏 | Unknown | 🞏 |
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| **DECLARATION & SIGNATURE :*** 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**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 placement requests.**I am also 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 **first choice** establishment. If you are applying for a split place please send a copy to each establishment.  |

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| **OFFICE USE ONLY** |
| Date of Application |  | Points / Category Recommended |  |
| Admission Panel date (if required) |  | Birth Certificate / Passport Number | ------ /------ /------ |
| **Has proof of address been seen?** * Birth Certificate Yes 🞏 No 🞏
* Proof of address (Utility Bill; Council Tax Bill; Bank statement) Yes 🞏 No 🞏
* Please state which proof has been provided:
* Correct Postcode **MUST** be given Yes 🞏 No 🞏

**Failure to submit the above paperwork may result in this application being rejected.** |
| Council Tax | Yes 🞏 No 🞏 | Child Benefit | Yes 🞏 No 🞏 |
| **Are you or another parent/carer in the household in receipt of any of the following** |
| Income Support | Yes 🞏 No 🞏 | Job Seekers Allowance (income based) | Yes 🞏 No 🞏 |
| Employment Support Allowance (income based) | Yes 🞏 No 🞏 | Incapacity Benefit or Sever Disablement Allowance | Yes 🞏 No 🞏 |
| State Pension Credit | Yes 🞏 No 🞏 |  |  |
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