

Early Learning and Childcare Application

Application forms **will not** be accepted without a copy of your child's birth certificate (for UK nationals or passport for non – UK nationals) and proof of your address in the form of a utility bill / council tax statement.

- Only one application form should be completed per child unless applying for a split / blended place.
- Application forms must be returned to the provider of your first choice.
- If applying for a split / blended place you are required to submit a form to each provider.
- PLEASE REFER TO THE GUIDANCE NOTES TO ASSIST YOU IN COMPLETING THIS APPLICATION

OFFICE USE ONLY

Date application received		Band recommended		Expected start date	
Birth Certificate No.(UK Nationals)			Passport No.(Non-UK Nationals)		Proof of address produced
District	Year	Entry No	Passport No	Yes	No

COMPLETING THIS APPLICATION FORM

SECTION 1	MUST BE FULLY COMPLETED BY ALL APPLICANTS
SECTION 2	COMPLETE IF APPLYING FOR AN ENTITLED EARLY LEARNING AND CHILDCARE 2 YEAR OLD PLACE
SECTION 3	COMPLETE IF APPLYING FOR A 3 - 5 YEARS EARLY LEARNING AND CHILDCARE PLACE
SECTION 4	SIBLING INFORMATION / INTENDED SCHOOL / ETHNICITY AND NATIONALITY INFORMATION
SECTION 5	DECLARATION BY APPLICANT MUST BE SIGNED AND DATED BEFORE SUBMISSION

SECTION 1

1a

CHILD DETAILS This information must replicate the information on the child's birth certificate or passport

Forename(s)	Known as			Gender	
Surname	Date of Birth	/	/	M	F
Address					
Town			Postcode		

1b

FAMILY DETAILS – APPLICANT – PARENT

Title	Forename(s)				
Surname					
Relationship to child			E-mail		
Home Phone Number			Mobile Phone Number		

ONLY COMPLETE IF DIFFERENT FROM CHILD'S ADDRESS

Address					
Town			Postcode		

FAMILY DETAILS – APPLICANT – PARENT / CARER NAME

Title	Forename(s)				
Surname					
Relationship to child			E-mail		
Home Phone Number			Mobile Phone Number		

ONLY COMPLETE IF DIFFERENT FROM CHILD'S ADDRESS

Address					
Town			Postcode		

1c

HEALTH INFORMATION

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 the professional assessments?	Yes		No	

Any special dietary requirements (please state):

Does your child have any concerns / difficulty with the following? (Please tick appropriate boxes)

Speech and Language	Behaviour	Co-ordination / Movement	Sight	Allergy's
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Please provide brief details:

Child's Doctor**Health Visitor**

Name		Name	
Practice		Practice	
Address		Address	
Post Code		Post Code	
Tel. No		Tel. No	

PROFESSIONAL AGENCIES INVOLVED WITH YOUR FAMILY**AGENCY****CONTACT NAME**

Social Work		
Community Health		
Educational Psychologist		
Any other Agency	Name:	Agency:
	Name:	Agency:
	Name:	Agency:

SECTION 2**2 YEAR OLD CHILDREN – PARENTS MEETING QUALIFYING CRITERIA**

2 year old children residing in a household that are in receipt of qualifying benefits or meet the qualifying criteria's are entitled to 1140 hours of Early Learning and Childcare. Up to date evidence must be produced and verified prior to placement being allocated.

**You must indicate at least 3 choices in priority order of establishment and model of attendance.
Please note, we aim to ensure preferred choices are allocated, however there is no guarantee of this.**

Child's Name	Date of birth	Please indicate provider in order of preference 1 st / 2 nd / 3 rd	Model 1	Model 2	Model 3	Model 4	Model 5
			Mon- Fri 6 hrs per day over 38wks (term time)	2 ½ days Mon & Tues Wed (am) over 50 wks	2 ½ days Wed (pm) Thu – Fri over 50 wks	5 x am Mon – Fri over 50 wks	5 x pm Mon - Fri over 50 wks
Please indicate model in order of preference 1 st / 2 nd / 3 rd / 4 th / 5 th where available							
LA	Rainbow Family Centre						
LA	St Francis Nursery Class						
LA	Gibshill Children's Centre						
LA	Blairmore Nursery School						
LA	Glenbrae Children's centre						
LA	Wellpark Children's Centre						
LA	Glenpark Early Learning Centre						
LA	Bluebird Family Centre						
LA	St Joseph's Nursery Class						
LA	Larkfield Children's Centre						
LA	Binnie St Children's Centre						

SECTION 3

3 - 5 YEARS EARLY LEARNING AND CHILDCARE PLACE PROVIDER AND MODEL CHOICE

You must indicate at least **3 choices** in priority order of establishment and model of attendance.
Please note, we aim to ensure preferred choices are allocated, however there is no guarantee of this.

Child's Name	Please indicate provider in order of preference 1 st / 2 nd / 3 rd	LOCAL AUTHORITY ONLY - Please indicate provider in order of preference 1 st / 2 nd / 3 rd				
		Model 1 Mon – Fri 6 hours per day over 38 wks (term time)	Model 2 2 ½ days Mon & Tues Wed (am) over 50 wks	Model 3 2 ½ days Wed (pm) Thu – Fri over 50 wks	Model 4 5 x am Mon – Fri over 50 wks	Model 5 5 x pm Mon - Fri over 50 wks
Date of birth		Please indicate model in order of preference 1 st / 2 nd / 3 rd / 4 th / 5 th where available				

LOCAL AUTHORITY PROVIDERS

LA	Kilmacolm Nursery Class						
LA	Rainbow Family Centre						
LA	Newark Nursery School						
LA	St Francis Nursery Class						
LA	St John's Nursery Class						
LA	Gibshill Children's Centre						
LA	King's Oak Nursery Class						
LA	Blairmore Nursery School						
LA	Hillend Children's Centre						
LA	Glenbrae Children's Centre						
LA	Wellpark Children's Centre						
LA	Whinhill Nursery Class						
LA	Glenpark Early Learning Centre						
LA	Lady Alice Nursery Class						
LA	Bluebird Family Centre						
LA	St Joseph's Nursery Class						
LA	Larkfield Children's Centre						
LA	Aileymill Nursery Class						
LA	Moorfoot Nursery Class						
LA	Binnie St Children's Centre						
LA	Inverkip Nursery Class						
LA	Weymss Bay Nursery Class						

CURRENT AUTHORISED FUNDED PROVIDERS

PVI	Battery Park Nursery	
PVI	Duchal Nursery (Kilmacolm)	
PVI	Enchanted Forest Nursery (Greenock)	
PVI	Enchanted Forest Nursery (Inverkip)	
PVI	Madeira Nursery	
PVI	St Columba's Nursery Class (Junior School, Kilmacolm)	
PVI	Wellington Children's Centre (Gourock)	
PVI	Wellington Children's Centre (Greenock)	
PVI	West College Scotland Nursery	

- You must contact each provider directly to find out if they have availability and how they will be delivering their models in their setting i.e. – times of sessions / weeks per year.
- Some providers may also have their own admissions application process that you will have to follow.

CHILDMINDING

CM	Childminder only	ALL ENTITLEMENT WITH A CHILDMINDER – YOU MUST CONTACT THE CHILDMINDER DIRECTLY										
Please state childminder name												
BLENDED CARE												
BC	BLENDED CARE MODEL – CHILDMINDER / PARTNERSHIP NURSERY / LOCAL AUTHORITY											
<p>A blended care model - you may wish to split your entitlement between 2 providers– i.e. a childminder or a partnership nursery and a local authority nursery.</p> <p>You must contact the childminder or a partnership nursery directly to find out their availability.</p> <p>You must submit an application forms to each provider.</p>												
<p>Preference of provider – You must indicate at least 3 choices in priority order of provider and model of attendance.</p> <p>Please note, we aim to ensure preferred choices are allocated, however there is no guarantee of this.</p>												
PROVIDER 1 - Childminder / Partner Nursery / Local Authority						PROVIDER 2 - Childminder / Partner Nursery / Local Authority						
1 st choice						1 st choice						
2 nd choice						2 nd choice						
3 rd choice						3 rd choice						
MODEL OF ATTENDANCE - Please tick												
OPTION 1a	<i>Mon</i>	<i>Tues</i>	<i>Wed</i>	<i>Thus</i>	<i>Fri</i>	OPTION 1b	<i>Mon</i>	<i>Tues</i>	<i>Wed</i>	<i>Thus</i>	<i>Fri</i>	
DAYS						DAYS						
MORNINGS						MORNINGS						
AFTERNOON						AFTERNOON						
OPTION 2a	<i>Mon</i>	<i>Tues</i>	<i>Wed</i>	<i>Thus</i>	<i>Fri</i>	OPTION 2b	<i>Mon</i>	<i>Tues</i>	<i>Wed</i>	<i>Thus</i>	<i>Fri</i>	
DAYS						DAYS						
MORNINGS						MORNINGS						
AFTERNOON						AFTERNOON						
OPTION 3a	<i>Mon</i>	<i>Tues</i>	<i>Wed</i>	<i>Thus</i>	<i>Fri</i>	OPTION 3b	<i>Mon</i>	<i>Tues</i>	<i>Wed</i>	<i>Thus</i>	<i>Fri</i>	
DAYS						DAYS						
MORNINGS						MORNINGS						
AFTERNOON						AFTERNOON						

SECTION 4

SIBLINGS

(Please give details of any siblings who already attend the ELC setting)

Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	

INTENDED PRIMARY SCHOOL

Please state the name of the Primary School you intended to send your child to

Name of Primary School	
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SECTION 5

DECLARATION BY APPLICANT

The information on this form will be processed electronically for administrative purposes. This information is confidential. The processing and storage of this information will comply with GDPR (EU) 2016/679 and will be held by Inverclyde Council's Education Services. Please assist us by telling the setting promptly if any of this information changes. Education Services, as part of Inverclyde Council, may share any information you give us with other Inverclyde Council Services or Government departments as required by law where relevant for their purpose i.e. Census information. We will only reveal information where we have your permission or where we have to supply information for a service that you have requested. We do not sell or rent information to anyone.

I certify that, to the best of my knowledge, the information contained in the above Early Learning & Childcare Application Form is correct. I understand that if I give false information it will put at risk any place offered. I agree to inform the provider of any changes to my circumstances as this may also affect any place offered.

Applicant Signature		Date	
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