

# Early Learning and Childcare Application



Application forms **WILL NOT** be accepted without a copy of your child's birth certificate and proof of your address in the form of a council tax statement / tenancy agreement / lawyer letter – completion of a house purchase.

- 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

## COMPLETING THIS APPLICATION FORM

<b>SECTION 1</b>	<b>MUST BE FULLY COMPLETED BY ALL APPLICANTS – ALL INFORMATION IS MANDATORY</b>
<b>SECTION 2</b>	<b>SIBLING INFORMATION / INTENDED SCHOOL</b>
<b>SECTION 3</b>	<b>EARLY LEARNING AND CHILDCARE CHOICES OF FUNDED PROVIDER AND DELIVERY</b>
<b>SECTION 4</b>	<b>APPLICATION INFORMATION &amp; DECLARATION BY APPLICANT</b>

### SECTION 1

#### 1a

<b>CHILD DETAILS - This information must replicate the information on the child's birth certificate</b>					
Forename(s)		Known as			
Surname		Date of Birth	/	/	Gender
					M F
House / Flat Number, Street Name			Town		
			Post Code		
Nationality		Language(s) spoken			

#### 1b

<b>FAMILY DETAILS – PARENT - This information must replicate the information on the child's birth certificate</b>					
Title		Forename(s)		Surname	
Relationship to child			Phone Number		
E-mail					
<b>ONLY COMPLETE IF DIFFERENT FROM CHILD'S ADDRESS</b>					
House / Flat Number, Street Name			Town		
			Postcode		
<b>FAMILY DETAILS – PARENT - This information must replicate the information on the child's birth certificate</b>					
Title		Forename(s)		Surname	
Relationship to child			Phone Number		
E-mail					
<b>ONLY COMPLETE IF DIFFERENT FROM CHILD'S ADDRESS</b>					
House / Flat Number, Street Name			Town		
			Postcode		

<b>1c</b>			
<b>HEALTH INFORMATION / PROFESSIONAL AGENCIES</b>			
Does your child have any long- term illness, medical condition or disability?		Yes	No
If yes, please provide full details / information on the long- term illness, medical condition or disability; <b>PLEASE DISCUSS THIS WITH THE PROVIDER WHEN SUBMITTING THE APPLICATION FORM</b>			
Is there a professional assessment identifying long- term illness, medical condition or disability?		Yes	No
<b>If yes, please provide copies of the professional assessments along with the application form.</b>			
Does your child have any clinical dietary requirements; Please state and discuss when submitting this form: - e.g., allergy to eggs / dairy / nuts / gluten intolerance			
<b>Health Professional Details</b>			
Doctor Name		Address	
Practice			
Health Visitor Name		Address	
Practice			
Has your child had any involvement with a professional agency with regards to			
	<b>PROFESSIONAL CONTACT NAME</b>		
Speech and Language			
Behaviour			
Co-ordination/ Movement			
Sight			

<b>1d</b>		
<b>Please state any professional agency involved with the child or family</b>		
<b>AGENCY</b>	<b>CONTACT NAME</b>	
Social Work		
Community Health		
Educational Psychologist		
<b>Any other Agency</b>	Name:	Agency:
	Name:	Agency:
	Name:	Agency:

<b>SECTION 2</b>			
<b>2a</b>			
<b>SIBLINGS IN EARLY LEARNING AND CHILDCARE ESTABLISHMENT (Please give details of any siblings who already attend the ELC setting ONLY)</b>			
Sibling Name		Date of Birth	
Sibling Name		Date of Birth	
Sibling Name		Date of Birth	

<b>2b</b>	
<b>INTENDED PRIMARY SCHOOL</b>	
Please state the name of the Primary School you intend to send your child to	
Name of Primary School	

SECTION 3						
CHILD'S NAME				DATE OF BIRTH		
<p><b>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.</b></p>						
LOCAL AUTHORITY ESTABLISHMENTS	Please indicate provider in order of preference 1 <sup>st</sup> / 2 <sup>nd</sup> / 3 <sup>rd</sup>	Model 1	Model 2	Model 3	Model 4	Model 5
		Mon – Fri 6 hours per day over 38 wks Over term time	2 ½ days Mon & Tues Wed (am) / Over extended year	2 ½ days Wed (pm) Thu – Fri / Over extended year	5 x am Mon – Fri / Over extended year	5 x pm Mon – Fri / Over extended year
Please indicate model in order of preference 1 <sup>st</sup> / 2 <sup>nd</sup> / 3 <sup>rd</sup> / 4 <sup>th</sup> / 5 <sup>th</sup> where available						
Kilmacolm Nursery Class						
Rainbow Family Centre						
Newark Nursery School						
St Francis Nursery Class						
St John's Nursery Class						
Gibshill Children's Centre						
King's Oak Nursery Class						
Blairmore Nursery School						
Hillend Children's Centre						
Glenbrae Children's Centre						
Wellpark Children's Centre						
Whinhill Nursery Class						
Whinhill Gaelic Nursery Class						
Glenpark Early Learning Centre						
Lady Alice Nursery Class						
Bluebird Family Centre						
St Joseph's Nursery Class						
Larkfield Early Learning Centre						
Aileymill Nursery Class						
Moorfoot Nursery Class						
Binnie St Children's Centre						
Inverkip Nursery Class						
Wemyss Bay Nursery Class						

FULL TIME WITH CHILDMINDER FOR ALL ENTITLED ELC HOURS					
Please state Childminder Name					
BLENDED CARE MODEL – CHILDMINDER & PVI NURSERY or LOCAL AUTHORITY ESTABLISHMENT					
<p>A blended care place will be delivered as term time and will be 15 hours at each provider. Please discuss directly with your childminder their availability. PVI and Local Authority establishments will deliver 15 hours of ELC as 2 ½ days or 5 half sessions this will be individual to each establishment.  <b>Example 1: Blended 1 - 9am - 3pm Mon &amp; Tues &amp; 9am - 12pm / Wed</b>  <b>Example 2: Blended 3 - 9am - 12pm / Mon - Fri</b></p>					
Childminder Name					
<i>Please indicate days / hours</i>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>1<sup>st</sup> choice</b>					
<b>2<sup>nd</sup> choice</b>					
<b>3<sup>rd</sup> choice</b>					
PREFERENCE ORDER					
PLEASE STATE – PVI Nursery / Local Authority establishment - You must indicate at least 3 choices of provider.					
<b>1<sup>st</sup> choice</b>					
<b>2<sup>nd</sup> choice</b>					
<b>3<sup>rd</sup> choice</b>					
Please indicate 1 <sup>st</sup> / 2 <sup>nd</sup> / 3 <sup>rd</sup> order choice in a PVI Nursery / Local Authority establishment					
<b>Blended 1 - Term Time</b>	<b>Blended 2 – Term Time</b>	<b>Blended 3 / Term Time</b>	<b>Blended 4 / Term Time</b>		
<b>Mon &amp; Tues full day / Wed (am)</b>	<b>Wed (pm) / Thu &amp; Fri full day</b>	<b>5 x am Mon – Fri</b>	<b>5 x pm Mon - Fri</b>		
PRIVATE / VOLUNTARY / INDEPENDENT NURSERY					
Battery Park Nursery		<p><b>You must contact the provider directly to discuss their delivery models / times of sessions / weeks per year before choosing as an option</b></p>			
<b>Duchal Nursery</b>					
Happitots Nursery (Greenock)					
Happitots Nursery (Inverkip)					
Madeira Nursery					
Kidology Nursery					
Wellington Children's Centre (Gourock)					
Wellington Children's Centre (Greenock)					
St Columba's Nursery Class (Junior School, Kilmacolm)	<p>St Columba's Nursery Class have their own admissions process. You must contact and apply to them directly. This establishment cannot be chosen as a 2<sup>nd</sup> or 3<sup>rd</sup> option.</p>				

**SECTION 4**

PLEASE READ THIS INFORMATION AND INITIAL EACH BOX BEFORE SIGNING THE DECLARATION BY APPLICANT BOX BELOW	Initial
You must take along your child’s birth certificate and proof of address when submitting this application form (We will only accept - council tax statement / tenancy agreement or lawyer letter - completion of house purchase as proof of residing address). Application forms will not be accepted without this proof.	
Local Authority Early Years establishments are split into defined areas (they are grouped in each defined area on the application form). All applications are based on the residing address. ELC defined areas are different to school catchments. Your residing address will always be used when allocating ELC places.	
All ELC allocations are completed in line with Inverclyde Council Admissions Policy which is available on the Inverclyde Council Website.	
If there is a sibling who attends a Primary School that has a nursery class attached – this does not give the ELC application any higher priority than any other applications under the same banding.	
Individual childcare arrangements that are in place cannot be considered as the residing address.	
If you choose a Local authority establishment out with your defined area, your application will be lower down the banding against any application that resides within that defined area. We will only consider application from out with a defined area if we have capacity to do so.	
If you are not allocated your first choice / any choice establishment/model you can complete a transfer/amendment form for the next year. This transfer form will be presented at the following year’s admissions panel, however, there is no guarantee that a transfer will be granted.	
Only one application should be submitted - only exception is for blended ELC - If there are multiple applications submitted as a first-choice different providers, Inverclyde Council will take the last dated application and all other will be destroyed. with your choices, and this should be submitted to your first-choice provider.	

**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	
---------------------	--	------	--

**OFFICE USE ONLY – MUST BE FULLY COMPLETED**

**PROOF OF DATE OF BIRTH AND RESIDING ADDRESS MUST BE PRODUCED WHEN SUBMITTING THIS FORM – IF PROOF IS NOT PRODUCED THIS FORM MUST NOT BE ACCEPTED -**

BIRTH CERTIFICATE INFORMATION					PROOF OF ADDRESS (please tick proof provided)		
District		Year		Entry No	Council tax statement		
Date application received					Tenancy Agreement		
Band recommended					Lawyer letter - completion of house purchase		
Staff member name who received and checked application							