

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.**
- **Application forms must be returned to the nursery of your first choice.**

OFFICE USE ONLY												
Date application received			Band recommended			Date of panel						
Birth Certificate No.(UK Nationals)						Passport No.(Non-UK Nationals)			Proof of address produced			
District	Year		Entry No		Passport No:			Yes		No		
Confirmed placement		Monday		Tuesday		Wednesday		Thursday		Friday		Expected start date
		am	pm	am	pm	am	pm	am	pm	am	pm	

COMPLETING THIS APPLICATION FORM	
SECTION 1	MUST BE FULLY COMPLETED BY ALL APPLICANTS
SECTION 2	ETHNICITY AND NATIONALITY INFORMATION (OPTIONAL)
SECTION 3	COMPLETE IF APPLYING FOR AN ENTITLED EARLY LEARNING AND CHILDCARE 2 YEAR OLD PLACE
SECTION 4	COMPLETE IF APPLYING FOR A 3 - 5 YEARS EARLY LEARNING AND CHILDCARE PLACE
SECTION 5	COMPLETE IF APPLYING FOR WRAPROUND CARE (LOCAL AUTHORITY ESTABLISHMENTS ONLY)
SECTION 6	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
Surname	Date of Birth / / Gender M <input type="checkbox"/> F <input type="checkbox"/>
Address	
Town	Postcode

1b

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	
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):

Child's Doctor**Child's Health Visitor / Non Education Contact**

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**ETHNICITY AND NATIONALITY INFORMATION**

There is no requirement to answer the following question, however this information is extremely valuable and informs the Council's Public Sector Equality Duty.

Choose one section from A to G and then tick one box which best describes your ethnic group or background.

A	WHITE								
	Scottish		Other British		Irish		Gypsy / Traveller		Polish

Other, please state:

B	MIXED OR MULTIPLE ETHNIC GROUPS
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Any mixed or multiple ethnic groups, please state:

C	ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH
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Bangladeshi		Bangladeshi Scottish		Bangladeshi British		Chinese		Chinese Scottish		Chinese British	
Pakistani		Pakistani Scottish		Pakistani British		Indian		Indian Scottish		Indian British	

Other, please state:

D	AFRICAN
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African		African Scottish		African British	
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Other, please state:

E	CARIBBEAN OR BLACK
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Caribbean		Caribbean Scottish		Caribbean British		Black		Black Scottish		Black British	
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Other, please state:

F	OTHER ETHNIC GROUP
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Arab		Arab Scottish		Arab British	
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Other, please state:

G	ALL ETHNIC GROUPS
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Prefer not to disclose	
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SECTION 3

2 YEAR OLD CHILDREN – PARENTS / CARERS IN RECEIPT OF QUALIFYING BENEFITS

2 year old children residing in a household that are in receipt of qualifying benefits are entitled to 5 am or pm sessions of Early Learning and Childcare.

- Only certain Local Authority establishments offer places for children under 3 years.
- Please ensure that the establishment(s) you are applying for, offer this service before submitting your application.
- Please indicate your preferred pattern. We will try to offer your first choice, however this cannot be guaranteed.
- Up to date evidence must be produced prior to placement being allocated. Form 2QBC1 or 2QBC2 must be completed

EARLY YEARS ESTABLISHMENT

It is important that you list 3 choices in priority order and your preferred pattern of attendance. We will try to offer your first choice, however this cannot be guaranteed.

1.	
2.	
3.	

PATTERNS OF ATTENDANCE		Please choose your priority order e.g. 1 st / 2 nd
PATTERN 1	5 AM SESSIONS MONDAY – FRIDAY	
PATTERN 2	5 PM SESSIONS MONDAY – FRIDAY	

SECTION 4

3 - 5 YEARS EARLY LEARNING AND CHILDCARE PLACE

4a

EARLY YEARS ESTABLISHMENT

It is important that you list 3 choices in priority order and your preferred pattern of attendance. We will try to offer your first choice, however this cannot be guaranteed.

1.	
2.	
3.	

*Please indicate here if you wish to split your funding between more than one nursery YES / NO

If yes, please indicate the name of the other Early Years Establishment*

*If applying for a split place, the applicant must contact and apply at both nurseries.
No more than 5 sessions will be granted over the 2 nurseries.*

4b

PARENTS WHO ARE IN EMPLOYMENT, FULL TIME EDUCATION OR TRAINING FOR EMPLOYMENT

Parents who are in Employment, Full Time Education or Training for Employment may have the option of choosing from 4 patterns of attendance. Please check your preferred attendance pattern can be offered at your chosen nursery before submitting your form, however, chosen patterns of attendance cannot be guaranteed. If there are more applications than places available a ballot will be conducted to allocate the pattern.

Information on the Employer / College or Training provider details must be provided. Proof of this information may be sought

PARENT / CARER				PARENT / CARER			
Please tick the box relevant to your circumstance				Please tick the box relevant to your circumstance			
In Employment	Full time Education	Training for Employment		In Employment	Full time Education	Training for Employment	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
State: Employer / College or Training provider details				State: Employer / College or Training provider details			

Please choose your priority order e.g. 1st / 2nd /3rd /4th

PATTERN 1	PATTERN 2	PATTERN 3	PATTERN 4
5 AM SESSIONS MONDAY – FRIDAY	5 PM SESSIONS MONDAY – FRIDAY	2½ DAY MONDAY & TUESDAY (full day) WEDNESDAY (AM)	2½ DAY WEDNESDAY (PM) THURSDAY & FRIDAY (full day)

4c

PARENTS WHO ARE NOT IN EMPLOYMENT, FULL TIME EDUCATION OR TRAINING FOR EMPLOYMENT

Parents who are not in Employment, Full Time Education or Training for Employment can choose an am or pm pattern of attendance only, however, your chosen pattern cannot be guaranteed.

If there are more applications than places available a ballot will be conducted to allocate the pattern.

PATTERNS OF ATTENDANCE		Please choose your priority order e.g. 1 st / 2 nd
PATTERN 1	5 AM SESSIONS MONDAY – FRIDAY	
PATTERN 2	5 PM SESSIONS MONDAY – FRIDAY	

SECTION 5**WRAPROUND CHILDCARE 0 – 5 YEARS – ONLY AVAILABLE IN CERTAIN LOCAL AUTHORITY ESTABLISHMENTS**

Throughout Inverclyde there are designated centres which offer wrapround childcare. This service is solely for parents who are in Employment, Education or Training for Employment. There is a charge for this service. If you wish to be considered for wrapround childcare please complete the boxes below.

This is for information only, if successful you will be asked to complete an official Inverclyde Council Wrapround Application Form.

PARENT / CARER	In Employment	Full time Education	Training for Employment		
Please tick the box relevant to your circumstance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
State: Employer/ College or Training provider details	Hours of employment / college course / training pattern				
	Monday	Tuesday	Wednesday	Thursday	Friday

PARENT / CARER	In Employment	Full time Education	Training for Employment		
Please tick the box relevant to your circumstance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
State: Employer/ College or Training provider details	Hours of employment / college course / training pattern				
	Monday	Tuesday	Wednesday	Thursday	Friday

REQUESTED WRAPROUND HOURS					
Monday	Tuesday	Wednesday	Thursday	Friday	
Weeks requested	38 wks (School Term Time)		50 wks (includes term time / October / Easter / Summer holidays)		

SECTION 6**DECLARATION BY APPLICANT**

The above is a true statement of my circumstances. I understand that if I give false information it will put at risk any place offered. I agree to inform the nursery of any changes to my circumstances as this may also affect any place offered.

Applicant Signature		Date	
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Data Protection

The process of your personal information by Inverclyde Council is carried out in accordance with data Protection Act 1998. The information on this form will be used to process your application for an Early Learning and Childcare place. Where appropriate we may have to share information with other departments and agencies working with or on behalf of Inverclyde Council. This information is held securely and treated confidentially.