

Application for Nursery

Place Ref: 4b(a)



NOTE:

Please read the Completion Advice Notes to assist you in completing this form. Completed forms **must** be returned to the nursery of your first choice with a copy of your Child's *Birth Certificate (for UK Nationals) and Passport (for non-UK Nationals) Application forms will not be accepted without a Birth Certificate or Passport nor without a copy of your current year Council Tax Statement.

1. CHILD DETAILS	
This information must replicate the information on the child's birth certificate or passport	
Forename(s):	Address:
Surname:	Town:
Known As:	Postcode:
Gender (M/F):	Birth Certificate No.(UK Nationals):
Date of Birth:	Home Phone Number:
Passport No.(UK Nationals):	
Any previous address in the last 3 years, if yes:	
Address:	
Town:	
Post code:	

2. OFFICE USE ONLY	
Date application received:	Category recommended by Head of Est.:
Date of Panel:	Proof of birth date checked:
Details of placement:	Proof of address checked:
Expected start date:	

3. Which Nursery do you wish your child to attend? It is important that you list up to 3 choices of nursery in order of priority. We will try to offer your first choice but 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, indicate the name of the other nursery:

4. Family Details

Contact 1 (Applicant)

Please complete if different from child's address

Title: Address:
 Forename:
 Surname: Town:
 Gender (M/F): Postcode:
 E-mail: Relationship:
 Daytime Telephone: Contact: Yes No
 Mobile: Can Collect: Yes No

Contact 2

Please complete if different from child's address

Title: Address:
 Forename:
 Surname: Town:
 Gender (M/F): Postcode:
 E-mail: Relationship:
 Daytime Telephone: Contact: Yes No
 Mobile: Can Collect: Yes No

Other children in the family, in order of age, with oldest first:

Name: Age:

Name: Age:

Name: Age:

5. Place Requested

Put a tick in each of the boxes when you wish your child to attend nursery.
 Each child is currently entitled to 5 x 2 ½ hours funded sessions.*

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					
FULL DAY					

6. Extended Childcare

Do you require extended childcare: Yes No

If yes, are you: A working parent in full time education

If yes, for how many weeks 52 weeks 39 weeks

Please indicate below the extended childcare that you would require (please read item 6 of guidance carefully)

<i>All of the following are outwith core session</i>	Monday	Tuesday	Wednesday	Thursday	Friday
Before am session					
After am session					
Before pm session					
after					

Adults in the household (including parents if applicable)

This should be completed for all persons over 16 who normally live in the household

Name	Relationship to child	Employment/Full Time Education	If yes, state employer/ college details and tel no.	State number of hours worked				
				M	T	W	T	F
				am	am	am	am	am
				pm	pm	pm	pm	pm
				am	am	am	am	am
				pm	pm	pm	pm	pm
				am	am	am	am	am
				pm	pm	pm	pm	pm

7. Current Nursery

Does this child already attend nursery provision Yes No

If yes, please give name and address of nursery:

8. Health Information	
Does the child have any long-term medical condition or disability? Disclosed	Yes <input type="checkbox"/> No <input type="checkbox"/> Not <input type="checkbox"/>
If yes, has there been a professional assessment identifying a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, can you provide copies of the professional assessments?	
Child's Doctor:	
Practice Name:	
Address:	
Postcode:	Tel No.:

9. Additional Information to support application (use additional sheet if required)

10. Ethnic Background	
We would like you to help us collect information about your language, religion, ethnic background and national identity. This information is extremely valuable as it is used to monitor the effectiveness of Council's Race Equality Policy.	
White UK <input type="checkbox"/>	White other <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Bangladeshi <input type="checkbox"/> Asian Pakistani <input type="checkbox"/>
Asian Chinese <input type="checkbox"/> Asian Other <input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black Other <input type="checkbox"/>	
Gypsy Traveller <input type="checkbox"/> Mixed <input type="checkbox"/> Not Disclosed <input type="checkbox"/> Other (please specify).....	
Child's religion (e.g. Christian, Muslim etc)	
Asylum Status: N/A <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Refugee <input type="checkbox"/>	
Child National Identification:	British <input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> N.Irish <input type="checkbox"/> Welsh <input type="checkbox"/> Other <input type="checkbox"/>

11. To assist us in marketing strategies please select one the following, indicating how you were informed of the application process.

Local press <input type="checkbox"/>	Local primary school <input type="checkbox"/>	Council buildings (Libraries, Community Centres) <input type="checkbox"/>
Friends <input type="checkbox"/>	Other (Please state)	

12. 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 placement offered. I agree to inform the nursery of any changes to my circumstances as this may also affect any placement offered.

Signature: Date:
 Print Name: Relationship to child:

Data Protection
 The processing of your personal information by North Lanarkshire Council is carried out in accordance with the Data Protection Act 1998. The information contained within this form will be used to process your application for a pre school place. Where appropriate, we may have to share information with other departments and agencies working with or on behalf of North Lanarkshire Council. To access this information held, please apply in writing to the executives Director of Learning and Leisure, Motherwell Civic Centre, Windmill Street, Motherwell, ML5 1AB

13. Receipt Slip – Proof of Submission

Name of Child:
I confirm having received a nursery application form for the above child:-
Signature of Member of Staff:
Date Received:
Name of Establishment: