

APPLICATION FOR 1140 HOURS OF EARLY LEARNING AND CHILDCARE FOR ELIGIBLE CHILDREN (2-5-year olds) IN DUNDEE CITY COUNCIL NURSERIES

Applications should please complete all the sections AND sign and date the form.

| | | | | | | | |
|--|--|------------|----------------|--|----------------------|--|-------------|
| Child's first name | | | | | | | |
| Child's Middle Name | Child's Surname | | | Known as | | | |
| | | | | | | | |
| Please note eligible 2-year olds can only apply for a term-time place in a Dundee City Council Nursery. | Are you applying for a term-time eligible 2-year-old place? | Yes | No | If yes please supply evidence that you meet the eligibility criteria. | | | |
| | | | | | | | |
| Please indicate where you heard about eligible 2-year-old places? | Flyer | | Online | | H.V. | | S.W. |
| | SLTH | | Library | | Nursery | | |
| Birth Certificate Number | District No. | | Year | Entry No. | Date of Birth | | |
| Child's Home Address: | | | | | | | |
| Local Area (catchment) | | | | | | | |
| Region (please specify Dundee, Angus, Fife, Perth and Kinross) | | | | | | | |

| | | | | | |
|---|-----------------------------------|---------------------------------|-----------------------------------|--|-----------------------------------|
| Postcode | | For Office Use: | | | |
| Male/Female | | School Year Entry date – | | | |
| PREFERRED NURSERY in DUNDEE | | | | | |
| We aim wherever we can to offer your child a place in your first choice of nursery but sometimes this is not possible. If we cannot offer your child a place in your first choice of nursery offering 1140 funded hours, please tell us which other nurseries or Funded Provider you would consider accepting a place within. (please note if you would like your child to attend a Funded Provider you will also need to fill in an application for your chosen Funded Provider) | | | | | |
| Please tell us which of the following you would prefer for your child: | 1st Choice | 2nd Choice | 3rd Choice | | |
| Name of provider | | | | | |
| Attendance Patterns in Dundee City Council Nurseries | | | | | |
| Please note the following attendance patterns are for DCC nurseries only. If you wish your child to attend a Funded Provider please contact them directly regarding attendance patterns they can offer – see appendix 2 | | | | | |
| Term Time or Full Year (please tick your preference for each choice of nursery see appendix 1) | Term Time | | Term Time | | Term Time |
| | Full Year (3-5 years only) | | Full Year (3-5 years only) | | Full Year (3-5 years only) |
| Attendance Pattern (please choose from Tables 1-5 on page 7 for each choice of nursery as these may be different) | Attendance Pattern | | Attendance Pattern | | Attendance Pattern |
| | | | | | |
| Please tell us why this is your first choice? | | | | | |

Split Places including Cross Boundary

Please note where a split place is in operation funding will be applied to the Local Authority establishment in the first instance and the remainder of the funding will be applied to the Funded Provider. Therefore, it is important that the Funded Provider asks parents to record accurately on the funding application the number of hours they will be applying for in each establishment. These hours will be confirmed by Wendy Knight Sen EYDO, and this must be recorded accurately on NAMS. Parents must be informed that as soon as the maximum of 1140 funded hours has been used then funding will stop.

| Funded Hours Requested in a Split Place | | |
|---|------------|-----------|
| If it is possible to have a split place, do you wish your child's funded ELC to be split between two establishments? | Yes | No |
| | | |
| If YES, which two establishments? | | |

Please indicate below the exact funding hours you are applying for, and which has been agreed by each ELC establishment. ***Please note if you are requesting a blended/split/ shared place, you are only eligible to a maximum of 1140 hours in any academic year. In the event of any changes to this agreement, parents MUST inform both establishments immediately.***

| | | | | | |
|--|--------|---------|---|----------|--------|
| Establishment 1 name and funding start date. | | | | | |
| | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM | | | | | |
| PM | | | | | |
| Number of hours per week. | | | Model – Term Time or Full Year | | |
| Establishment 2 name and funding start date. | | | | | |
| | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM | | | | | |
| PM | | | | | |
| Number of hours per week. | | | Model – Term Time or Full Year | | |
| Funding can be received over one of the following time scales. Please indicate in the box below the funding pattern being requested. | | | | | |
| 38 weeks (school term-time only) for a maximum of 30 funded hours per week. | | | 49 weeks (full year) for a maximum of 23 hours 20 mins per week funded. | | |

EVIDENCE OF ELIGIBILITY FOR 2 YEAR OLDS (all Providers must ask parents for evidence that they meet the eligibility criteria for 2-year-old funded early learning and childcare)

Your 2-year-old may be eligible for up to 1140 hours of funded Early Learning and Childcare in term time funded places only if any of the following criteria applies to you:

| Benefits you are currently receiving | Evidence | Please Tick | Office Use Only Initial |
|--|---------------------------------|-------------|-------------------------|
| Income Support | Original letter of confirmation | | |
| Income-based Job Seekers Allowance | Original letter of confirmation | | |
| Income-related Employment and Support Allowance | Original letter of confirmation | | |
| Incapacity Benefit or Severe Disablement Allowance | Original letter of confirmation | | |
| State Pension Credit | Original letter of confirmation | | |
| Support under part VI of the Immigration and Asylum Act 1999 | Original letter | | |

| | | | | |
|---|---|----|--|---|
| Universal Credit with household take-home pay, is £850 or less. | UC Notification letter verification from UC Journal | | | |
| Is childcare element included within Universal Credit award? | Yes | No | | Please inform DCC central team as this information will be shared with DWP. |
| | | | | |

Other qualifying criteria for 2-year olds

Experience of Care

Your two year old can get funded early learning and childcare if your child has a care experienced parent i.e. a parent who has previously been looked after by a local authority, been subject of a kinship care order or had a parent appointed guardian

| | | | |
|---|--|------------------------------|--|
| Looked After by a Local Authority | | Under a Kinship Care Order | |
| Living with a Parent Appointed Guardian | | | |
| Parent of 2-year-old child has experience of care | | Confirmation letter required | |

| PARENT/CARER INFORMATION | 1 | 2 |
|---|----------|----------|
| Parent/carer's title Ms, Mrs, Mr | | |
| Parent/carer's forename(s) | | |
| Parent/carer's surname | | |
| Relationship to Child: | | |
| Parent/Guardian's Address: Please indicate which address we should use for letters? | | |

| | | | | | | |
|--|--|-----------|--|-------------------------|--|--|
| Home telephone number | | | | | | |
| Mobile Number | | | | | | |
| Email address | | | | | | |
| Name & Address of Place of Work, Training or Education (if applicable) | | | | | | |
| Days & Hours of Work, Training or Education: | | | | | | |
| Work Telephone No: | | | | | | |
| OTHER PEOPLE/CHILDREN LIVING IN THE HOUSE | | | | | | |
| Are there any other children living in your household? | | | Name(s) of other child/children | Date(s) of Birth | Relationship to Nursery Applicant | School/ Nursery Attended (if any) |
| Yes | | No | | | | |
| SUPPORTING INFORMATION (please add any information that may support your child's application) | | | | | | |
| | | | | | | |
| Name | | | Address | | Tel. No. | |
| Child's GP: | | | | | | |
| Child's Health Visitor: (Named Person) | | | | | | |
| Child/Family Social Worker (if any): | | | | | | |
| Any health professional involved with your child | | | | | | |

| | | |
|---|-----------------------|--------------------|
| e.g. speech therapist | | |
| SUPPORTING INFORMATION for Looked After Children | | |
| Local Authority Currently Responsible for Care/GIRFEC plan | | |
| Please tick the correct box below. Is the child: | | |
| Looked After | Away from Home | Legislation |
| The Applicant's Relationship to Child: | | |

Models of attendance are as follows:

- **Option 1:** School term time only - 38 weeks of around 30 hours per week of funded Early Learning and Childcare.
- **Option 2 (3-5-year olds only):** 49 weeks per year of around 23 hours and 20 minutes per week for 49 weeks per year of funded Early Learning and Childcare. **(49 weeks - nurseries will close on in-service days and over the school Christmas holiday period)**
- If you would prefer **option 1**, please choose an attendance pattern in **Table 1 or Table 2**. You may only choose **ONE ATTENDANCE PATTERN**.

Table 1 term time ONLY

| | | | | | |
|--------------------------------------|--------|---------|-----------|----------|--------|
| Monday to Friday 08:30- 14:30 | Monday | Tuesday | Wednesday | Thursday | Friday |
| | | | | | |

Table 2 term time ONLY

| | | | | | |
|--------------------------------------|--------|---------|-----------|----------|--------|
| Monday to Friday 09:00- 15:00 | Monday | Tuesday | Wednesday | Thursday | Friday |
| | | | | | |

- If you would prefer **option 2**, please choose an attendance pattern in **Table 3 or Table 4**. (you may only choose one attendance pattern)

Table 3 full year (49 WEEKS) ONLY (not available for 2-year-old children)

| | | | | | |
|--|--------|---------|-----------|----------|--------|
| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--|--------|---------|-----------|----------|--------|

| | | | | | | | | | |
|---|-------------------|-------------------------|-------------------|-------------------------|-------------------|-------------------------|-------------------|-------------------------|-------------------|
| Monday to Friday 08:00 - 12:40 | | | | | | | | | |
| Table 4 full year (49 WEEKS) ONLY (not available for 2-year-old children) | | | | | | | | | |
| | Monday | Tuesday | Wednesday | Thursday | Friday | | | | |
| Monday to Friday 13:20-18:00 | | | | | | | | | |
| <p>Please note 49 weeks per year of around 23 hours and 20 minutes per week may be available as:</p> <p>2 full day sessions of 10 hours from 08:00-18:00 and one session of 3 hours 20 minutes either am or pm. (for 3-5-year-old children only)</p> <p>Please indicate in table 5 if you would be interested in this option if it were available. PLEASE NOTE THIS MAY NOT BE AVAILABLE SO PLEASE ALSO FILL IN TABLE 3 or Table 4.</p> | | | | | | | | | |
| <p>TABLE 5</p> <p>(PLEASE NOTE THIS MAY NOT BE AVAILABLE SO PLEASE ALSO FILL IN TABLE 3 or TABLE 4)</p> | | | | | | | | | |
| <p>Table 5 Please cross your preferred pattern of attendance if this were available. Choose two full days and one-half day am or pm. (3-5-year olds only)</p> | | | | | | | | | |
| Monday | | Tuesday | | Wednesday | | Thursday | | Friday | |
| Full day 08:00-18:00 | AM 09:00-12:20 | Full day 08:00-18:00 | AM 09:00-12:20 | Full day 08:00-18:00 | AM 09:00-12:20 | Full day 08:00-18:00 | AM 09:00-12:20 | Full day 08:00-18:00 | AM 09:00-12:20 |
| | | | | | | | | | |
| | PM 13:20-16:40 | | PM 13:20-16:40 | | PM 13:20-16:40 | | PM 13:20-16:20 | | PM 13:20-16:40 |
| | | | | | | | | | |
| <p>Please tick your preferred option if the patterns of attendance in Table 5 do become available:</p> | | | | | | | | | |
| Table 3 or 4 | | | | Table 5 | | | | | |

If you need or would prefer particular sessions, please tell us why?

ADDITIONAL PURCHASED HOURS PLACES for children aged 3 years to 5 years only (Dundee City Council Nurseries ONLY) All DCC nurseries can offer a limited amount of spaces for additional purchased hours – please ask the nursery if you are interested and complete the section below.

Do you wish to access and self – fund additional purchased hours in a Dundee City Council Nursery Offering the 1140 hours? YES/NO

Please ask the nursery for an 1140 hours additional funded hours application form.

PLEASE GIVE DETAILS OF CHILD’S CURRENT EARLY LEARNING AND CHILDCARE PLACE (where applicable)

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| | | | | |

PLEASE INDICATE BELOW ANY CIRCUMSTANCES YOU WISH TO BE TAKEN INTO CONSIDERATION TO SUPPORT YOUR APPLICATION FOR FULLTIME/EXTENDED SERVICES. (YOU SHOULD DISCUSS THESE IN DETAIL WITH THE NURSERY HEAD TEACHER)

Ethnic background, National Identity of child

Ethnic background

- White – Scottish Caribbean or Black – Caribbean/British/Scottish
- Asian – Chinese/British/Scottish
- White – Gypsy/Traveller Caribbean or Black – Other Asian – Other
- White – Other British African – African/British/Scottish Other – Arab
- White – Irish African – Other Other – Other
- White – Polish Asian – Indian/British/Scottish Not Disclosed
- White – Other Asian – Pakistani/British/Scottish Not known
- Mixed or multiple ethnic groups Asian – Bangladeshi/British/Scottish

Languages spoken

Main home language ----- Additional languages-----

National Identify

- | | | | |
|-----------------------------------|----------------------------------|---|--|
| <input type="checkbox"/> Scottish | <input type="checkbox"/> English | <input type="checkbox"/> Northern Irish | <input type="checkbox"/> Not disclosed |
| <input type="checkbox"/> British | <input type="checkbox"/> Welsh | <input type="checkbox"/> Other | <input type="checkbox"/> Not known |

Medical Information

Indicate any health problems by putting a cross in the appropriate boxes

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Sight | <input type="checkbox"/> Hearing | <input type="checkbox"/> Speech/ Language | <input type="checkbox"/> Behaviour |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Sting Allergy | <input type="checkbox"/> Migraine/headaches | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Bladder Problems | <input type="checkbox"/> Gastric problems | <input type="checkbox"/> Nut Allergy | <input type="checkbox"/> Chest Problems |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Walking problems | |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Skin complaint | <input type="checkbox"/> 'Other' health complaints/problems | |
| <input type="checkbox"/> Pills/medicines carried | <input type="checkbox"/> Kidney complaint | | |

'Other' description and any additional medical information: _____

Special Dietary Needs: _____

Doctor's Practice: _____

DECLARATION AND 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.
- All of the information you give will be treated as strictly confidential. Information you give may 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 **as soon as possible** 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 informed of the outcome of your application in May OR June. (either that a space for your child can be offered in your 1st choice or your application has been sent to your 2nd or 3rd choice)
- I confirm that my child is only receiving up to 1140 hrs funding they are entitled to. If my child's entitlement to 1140 hours is split between different contracted Funded Providers or local authorities I have declared this.
- If you have any questions about the admissions policy or process you should contact your local nursery or Funded Provider in the first instance. Should they be unable to answer your query, please contact the:

The **School Support Team, Children and Families Service, Dundee City Council, Dundee House, North Lindsay Street, Dundee, DD1 1NL** earlyyears@dundeecity.gov.uk

I confirm that to the best of my knowledge, all of the information provided by me on this application form is accurate.

I am also aware that Dundee City Council will carry out checks to ensure that public funds / resources are correctly allocated/awarded.

Parent/Carer's Signature:

Date:

Please complete and email or hand in this application to your 1st choice of nursery

FOR OFFICE USE ONLY:

Date of Birth Checked Proof of address seen Letters of Support, Referrals
2-year-old eligibility criteria

| Relevant Factor | Points Allocated | Relevant Factor | Points Allocated |
|------------------------|-------------------------|------------------------|-------------------------|
| Category 1 | | Category T1 | |
| Category 2 | | Category T2 | |
| Category 3 | | Category T3 | |
| Category 4 | | Category T4 | |
| Category 5 | | Category T5 | |
| Category 6 | | Referrals | |
| Category 7 | | Access Factors | |
| TOTAL | | TOTAL | |

Privacy Statement

In order for us to provide services to you as a Local Authority, we need you to give us your personal information. To deliver our services, to meet our legal obligations and protect public funds we need to collect, store, use, share and dispose of personal information. This is known as data processing. We also use your information to verify your identity where required, contact you by post, email or telephone and to maintain our records.

We collect and use different categories of personal information, depending on the service we provide to you. Further details on how we use your data with this form can be found on our website <https://www.dundee.gov.uk/service-area/chief-executive/chief-executives-services/privacy-statement>

Alternatively ask the school for a copy of the full Privacy Statement.

Nursery Admissions Guidance Notes for Parents/Carers – Applying for a local authority nursery place

1. Applications are prioritised using a points system. If there are any circumstances surrounding your child's needs or family situation which you feel makes your child a priority, please tell us what they are. We need this information to help us to properly consider your application.
2. Every effort will be made to allocate your child a place within the DCC nursery or FP of your choice, but this is not always possible. You are free to apply to any DCC nursery or FP you wish, however, in the case of DCC nurseries, children usually attend the nursery nearest their home. An application will receive higher priority if the child lives in the local area.
3. Please note if there is no space for your child in your 1st choice of nursery and you choose to stay on the register of applicants of your 1st choice nursery and not take up the offer of a 2nd or 3rd choice, then, your child will miss some of their entitlement and this cannot be taken at a later date. DCC will try to find your child a space in a DCC nursery but is not obliged to offer you your nearest nursery or 1st choice if there is no space.
4. It is important to note, that a nursery application **does not** give added weight to a subsequent placing request to a primary school attached to that nursery. If you are out with the catchment area, and wish your child to attend Primary One in this school, please speak directly to the Head of Establishment who will advise on school placing requests.
5. Sometimes we need further information to help us to prioritise applications. There may be a number of people – e.g. your Health Visitor – who can provide more information to support your child's application. Please give us their contact details if you are happy for us to ask them for more information.
6. DCC offer a range of different attendance patterns across the city. Please ask your local nursery for more information.
7. If you wish to split your child's place every effort will be made to offer you the split sessions you prefer. However, you should note that this is not always possible due to the demands of other applicants and the operational difficulties caused by a high level of split placements.
8. If your child has a split placement and the total of hours (between the two establishments) exceeds the current weekly entitlement, you will be charged for the additional hours. **You must declare this.**
9. All DCC Nurseries can offer additional purchased hours subject to capacity. Applications for additional purchased hours' places have to be prioritised due to the high demand. A charging policy is in place for additional purchased hours places.