

APPLICATION FOR A NURSERY PLACE (application updated 14/8/2017 please destroy or amend any previous 2 year old applications)

This form should be completed for **all** Dundee City Council nursery applications for children aged **2 years**.

Please complete all the sections AND sign and date the form.

There are notes on the back page to explain why we are asking some of the questions. PLEASE READ THE NOTES BEFORE COMPLETING THIS FORM.

Please return your completed form to your first choice establishment only.

YOUR CHILD					
Child's Name:				Date of Birth:	
Child's Home Address:				Telephone	
Postcode				Birth certificate number	
Male / Female				District No.	Year
PREFERRED SESSIONS					
Please indicate preferred pattern of attendance for 16 hours ELCC in the table below. However, please note we may not be able to accommodate this request in your 1 st choice of nursery.					
The following sessions are available in <u>all</u> local authority nurseries:					
<ul style="list-style-type: none"> Five sessions of 3 hours 10 mins 					
Please cross your preferred pattern of attendance.	Monday	Tuesday	Wednesday	Thursday	Friday
	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM
If you need or would prefer particular morning / afternoon sessions, please tell us why? (we cannot guarantee to meet your request)					
PREFERRED NURSERY					
We aim wherever we can to offer your child a place in your first choice of establishment but sometimes this is not possible. If we cannot offer your child a place in your first choice of establishment, please tell us which other nurseries you would consider accepting a place within?					
Please note – unless you indicate otherwise we will presume that your 2 year old will continue in the nursery they are allocated for their 3 and 4 year old early learning and childcare entitlement.					

Please tell us which nursery you would prefer for your child :	1 st	2nd	3rd
Please tell us why this is your first choice?			
Is your child <u>currently</u> attending any other nursery YES / NO	If YES, which one? What days /sessions?		
Has your child <u>previously</u> attended a nursery YES/NO	If YES, which one?		

SUPPORTING INFORMATION (please add any information that you think will 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 :		

PARENT / CARER INFORMATION (if different from above)

	1	2
Parent / carers name (s)		

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				

Ethnic background

- | | | |
|--|--|--|
| <input type="checkbox"/> White – Scottish Chinese/British/Scottish | <input type="checkbox"/> Caribbean or Black – Caribbean/British/Scottish | <input type="checkbox"/> Asian – |
| <input type="checkbox"/> White – Gypsy/Traveller | <input type="checkbox"/> Caribbean or Black – Other | <input type="checkbox"/> Asian – Other |
| <input type="checkbox"/> White – Other British | <input type="checkbox"/> African – African/British/Scottish | <input type="checkbox"/> Other – Arab |
| <input type="checkbox"/> White – Irish | <input type="checkbox"/> African – Other | <input type="checkbox"/> Other – Other |
| <input type="checkbox"/> White – Polish | <input type="checkbox"/> Asian – Indian/British/Scottish | <input type="checkbox"/> Not Disclosed |
| <input type="checkbox"/> White – Other | <input type="checkbox"/> Asian – Pakistani/British/Scottish | <input type="checkbox"/> Not known |
| <input type="checkbox"/> Mixed or multiple ethnic groups | <input type="checkbox"/> Asian – Bangladeshi/British/Scottish | |

National Identify

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

British

 Welsh

 Other

 Not known

Medical Information

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

Asthma

 Sting Allergy

 Migraine/headaches

 Heart Problems
 Bladder Problems

 Gastric problems

 Nut Allergy

 Vision impairment
 Chest Problems

 Hearing Impairment

 Pills/medicines carried

 Walking problems
 Diabetic complaints/problems

 Hay Fever

 Skin complaint

 'Other' health
 Epilepsy

 Kidney complaint

 Speech Impairment

'Other' description and any additional medical data: _____

Special Dietary Needs: _____

Doctor's Practice: _____

About your Benefits: You must supply up to date evidence that you are receiving one or more of the following:

Benefits you are currently receiving	Evidence	Please Tick	Office Use Only Initial
Income Support	Original letter of confirmation OR Job Centre Plus Stamp		
Jobseekers Allowance – Income Based	Original letter of confirmation OR Job Centre Plus Stamp		
Employment and Support Allowance (income based)	Original letter of confirmation OR Job Centre Plus Stamp		
Incapacity Benefit or Severe Disablement Allowance	Original letter of confirmation OR Job Centre Plus Stamp		
State Pension Credit	Original letter of confirmation OR Job Centre Plus Stamp		
Support under part VI of the	Original letter		

Date

Job Centre Plus Stamp

Immigration and Asylum Act 1999			
Child credit ONLY with an income less than £16,105 as assessed by HMRC	Original letter from HMRC		
Both maximum Child Tax Credit and maximum Working Tax Credit with an income of less than £6420 as assessed by HMRC	Original letter from HMRC		
Universal Credit household earned income of £610 or less per month	UC Notification letter From 8/11/17 - verification from UC Journal		

DECLARATION & 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 in order that they have up to date details when allocating places
- If you have any questions about the admissions process you should contact your local nursery in the first instance. Should they be unable to answer your query, please contact the:

Finance and School Support Team, Education Department, Dundee City Council, Dundee House, North Lindsay Street, Dundee, DD1 1NL

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

I agree that funding is applied for and guarantee this child is not receiving funding elsewhere.

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 return your completed form to your first choice establishment only.

What we will do with your information

Dundee City Council is registered under the Data Protection Act 1998.

The information given on this form will be held by Dundee City Council and may be processed for the purposes of all educational and personal development, career guidance, health monitoring and administration. Data will be shared with SEED for education research & SQA for qualification administration and with NHS for child health.

The Council will not use your personal data for any other purpose and will not disclose the personal information that you provide to any outside person or organisation except where required to do so by law or with your own consent.

Your information may be used in the prevention and detection of fraud or for the collection of outstanding debt. It may be shared with other local authorities and other Government Agencies such as the Department for Work and Pensions, HMRC and third party organisations such as Sheriff Officers, Solicitors and Credit Reference Agencies.

Please contact Dundee City Council's Legal Manager and Data Protection Officer, Mr Kenny McKaig if you have any questions about our Data Protection Policy or the information we hold about you by writing to the Legal Manager and Data Protection Officer, Corporate Services, 21 City Square, Dundee DD1 3BY or on telephone number 434577.

For official use only

Date Application Received

Proof of Address

Birth Certificate Seen

Evidence of Benefits Received**Date Placement Due**

Relevant Factor	Points Allocated
Category T1	
Category T2	
Referrals	
Total	

