

NURSERY PLACE APPLICATION

Section 4 b(a)

NOTE: Please read the Completion Advice Notes to assist you in completing this form.
Completed forms should be returned to the nursery of your first choice with a copy of your child's Birth Certificate and/or Passport and also your current Council Tax Statement.

1. Child Details	
Forename:	Address:
Known As:
Surname :	Town:
Date of Birth:	Postcode:
Gender (M/F):
Birth Certificate No:	Home Phone Number:
OR	
Passport No:

2. OFFICE USE ONLY	
Date application received:	Category recommended
Date of panel:	Proof of birth date seen
Details of placement:	Proof of address seen
.....	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 priority order. We will try to offer your first choice, however this cannot be guaranteed.
1.
2.
3.
Please indicate if you wish to split your funding between more than one nursery Yes <input type="checkbox"/> No <input type="checkbox"/>
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:
Email:	Relationship:
Daytime Telephone:	Contact: Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile:	Can Collect: Yes <input type="checkbox"/> No <input type="checkbox"/>

Contact 2

Please complete if different from child's address

Title:	Address:
Forename:
Surname:	Town:
Sex (M/F):	Postcode:
Email:	Relationship:
Daytime Telephone:	Contact: Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile:	Can Collect: Yes <input type="checkbox"/> No <input type="checkbox"/>

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 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

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:

Primary school to be attended

Which primary school will this child attend?

What is the expected primary school entry date?

8. Health Information

Does the child have any long-term medical condition or disability? Yes No Not Disclosed

If yes, has there been a professional assessment identifying a disability? Yes No

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)

PLEASE DO NOT WRITE ON THIS AREA, THIS IS THE BACK OF THE RETURN SLIP

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 the 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).....			
Main Language spoken?		What Language(s) does your child speak?				
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's national identity	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 of 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/Relations <input type="checkbox"/>	Other (Please state) <input type="checkbox"/>	

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 Executive Director of Learning and Leisure, Motherwell Civic Centre, Windmillhill Street, Motherwell, ML1 1AB

13. Receipt Slip - Proof of Submission

Name of child:

I confirm having recieved a nursery application form for the above child:-

Signature of Member of Staff:

Date Received:

Name of Establishment: