

Scottish Borders Council

EARLY LEARNING & CHILDCARE (ELCC) APPLICATION FORM SESSION 2016/17

Please complete only ONE application per child

Please take this form to your first choice ELCC provider along with the child's birth certificate or passport. Proof of address (Council Tax Bill, Child Benefit letter, bank statement, Utility Bill or a Driving Licence) is also required.

1- Child Details			
Forename(s)		Known As	
Surname			
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth	
Child's Home Address <small>This must be the address where the child is ordinarily resident</small>			
Postcode		Home Tel No:	

2- Family Details			
Main Contact (Applicant)			
Title			
Name			
Address (if different from child's address)			
Postcode		Home number	
Work Number		Mobile number	
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Can Collect	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship to child		Contact in an emergency	Yes <input type="checkbox"/> No <input type="checkbox"/>

Contact 2			
Title			
Name			
Address (if different from child's address)			
Postcode		Home number	
Work Number		Mobile number	
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Can Collect	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship to child		Contact in an emergency	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the absent parent require to be on the ELCC mailing list		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Contact 3			
Title			
Name			
Address (if different from child's address)			
Postcode		Home number	
Work Number		Mobile number	
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Can Collect	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship to child		Contact in an emergency	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the absent parent require to be on the ELCC mailing list		Yes <input type="checkbox"/> No <input type="checkbox"/>	

3- Health Visitor			
Name of Health Visitor		Telephone number	
Address			

4- Child in receipt of a funded 2 year old place		
Does your child currently receive a funded 2 year old place?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes – please state which ELCC provider they currently attend

5- Which Nursery do you wish your child to attend? (please note this cannot be guaranteed)	
1:	
2: please state another choice	

6- Hours Requested (please note this cannot be guaranteed)					
	Mon	Tues	Wed	Thurs	Fri
E.g.	12:30 – 15:40				
AM					
Lunch wraparound					
PM					
Please state reason for requested times					
<input type="radio"/> Work commitments	<input type="radio"/> Training	<input type="radio"/> Childcare	<input type="radio"/> Other – please state		
Funding start date					
August 16 ELCC 4 <input type="checkbox"/> Dob 1/3/12 – 28/2/13	August 16 ELCC 3 <input type="checkbox"/> Dob 1/3/13 – 28/8/13	January 17 ELCC 3 <input type="checkbox"/> Dob 1/9/13 – 31/12/13	April 17 ELCC 3 <input type="checkbox"/> Dob 1/1/14 – 28/2/14		

7- Split Placement					
Does your child attend any other ELCC provider?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please state which ELCC provider			
	Mon	Tues	Wed	Thurs	Fri
Hours requested					

8- Siblings (Please give details of any siblings who already attend the ELCC Provider or school)			
Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	

9- Child's Religion please tick any religious affiliation below									
Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	Not Disclosed	<input type="checkbox"/>	Other	<input type="checkbox"/>	Not Known	<input type="checkbox"/>	None	<input type="checkbox"/>
If not stated above, please state religion here									

10- Ethnic Origin please tick the one category					
African – African / Scottish / British <input type="checkbox"/>	African – Other <input type="checkbox"/>	Asian – Bangladeshi / British / Scottish <input type="checkbox"/>	Asian – Chinese / British / Scottish <input type="checkbox"/>	Asian – Indian / British / Scottish <input type="checkbox"/>	Asian- Other <input type="checkbox"/>
Asian – Pakistani / British / Scottish <input type="checkbox"/>	Caribbean or Black – Caribbean / British / Scottish <input type="checkbox"/>	Caribbean or Black – Other <input type="checkbox"/>	Mixed or multiple ethnic groups <input type="checkbox"/>	White – Gypsy/Traveller <input type="checkbox"/>	White – Irish <input type="checkbox"/>
White – Other British <input type="checkbox"/>	White – Scottish <input type="checkbox"/>	White – Other <input type="checkbox"/>	White – Polish <input type="checkbox"/>	Other <input type="checkbox"/>	Other – Arab <input type="checkbox"/>
Not Disclosed <input type="checkbox"/>	Not Known <input type="checkbox"/>	If not stated above, please state ethnic origin here			

11- National Identity please tick the one category							
Scottish <input type="checkbox"/>	English <input type="checkbox"/>	Northern Irish <input type="checkbox"/>	Welsh <input type="checkbox"/>	British <input type="checkbox"/>	Not Disclosed <input type="checkbox"/>	Not Known <input type="checkbox"/>	Other <input type="checkbox"/>
If not stated above, please state national identity here							

12- Asylum Status please tick the one category	
Asylum Status <input type="checkbox"/>	Refugee <input type="checkbox"/>

13- Main Home Language	
English as the main language	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please tell us the main language spoken if not English	
Please state all Additional Languages	

14- Doctors Details			
GP Practice Name		Tel No	
Address			

15- Child Health Information	
Does your child have an additional support need (e.g. developmental delay, learning difficulty, long term illness)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give a brief description	
Professional Involved with your child	Service Name
Has there been a professional assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you provide copies of professional assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Concerns / Medical Conditions				
Does the child have any of the following medical conditions? Please tick the appropriate box(es) below.				
Asthma <input type="checkbox"/>	Anaphylaxis <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Eczema <input type="checkbox"/>	Migraine <input type="checkbox"/>
Severe Allergies <input type="checkbox"/>	Bladder Problems <input type="checkbox"/>	Dietary Requirements <input type="checkbox"/>	Diabetes <input type="checkbox"/>	
Concerns				
Does the child have difficulty with any of the following? Please tick the appropriate box(es) below.				
Hearing <input type="checkbox"/>	Sight <input type="checkbox"/>	Co-ordination / movement <input type="checkbox"/>	Speech / language <input type="checkbox"/>	Behaviour <input type="checkbox"/>
Toileting <input type="checkbox"/>				
Please provide detail of any other medical conditions or health needs, i.e. medication, type of allergy.				

16- Intended Primary School	
Please state the name of the primary school you intend to send your child to	
Name of Primary School	

Marketing Information					
To assist us with our marketing strategies please tick one of the following boxes indicating how you were informed of the application process					
Local press <input type="checkbox"/>	National Press <input type="checkbox"/>	Local Primary School <input type="checkbox"/>	Nursery <input type="checkbox"/>	Council buildings (contact centre, library) <input type="checkbox"/>	Friends / relatives <input type="checkbox"/>
Social Media <input type="checkbox"/>	Council Website <input type="checkbox"/>				

17- Additional Information to Support your Application

Please list any additional information here (e.g. request for specific session time):

18- CONSENT UNDER THE DATA PROTECTION ACT 1998

PHOTOGRAPHS AND VIDEOS

Photographs and videos are taken by the ELCC provider for a variety of reasons for example Sports Day, celebrations of achievement, charity events, excursions etc. We wish to publicise the many activities in which children participate and therefore we would like your permission to take and display photographs within the establishment. In some cases the media may seek to use these photographs or take their own photographs of children. We may also wish to use photographs of children on the ELCC provider's or Council's websites.

Do you consent to your child being photographed / videoed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered yes to a photograph being taken, do you further consent to your child's name being publicly displayed / released?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you do you further consent to your child's photograph / video or image being publicly displayed / released?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you consent to your child's data (which may include personal sensitive data) being passed to other organisations contracted by SBC to provide services, for example cashless catering? All organisations will have signed a Confidentiality Disclosure Agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please note that the above permission will remain in force during your child's primary and secondary schooling unless you write to the school and change the above decisions. If you have answered 'No' to any of the above questions you may find it helpful to contact the Head teacher/Manager of the ELCC provision to discuss any concerns which you may have.

19- DECLARATION

Please note that the information provided on this form will be held on computer and in manual files for the purpose of registration and statistical analysis. This information may be passed to your own local authority if you do not reside within Scottish Borders Council boundaries. This information will be passed to relevant employees of Scottish Borders Council.

You should note that this information **will not be disclosed to any other third parties except where permitted by law or where your consent has been received**. The information will not be made available for marketing purposes. The uses of the information are covered by the Council's registration under the Data Protection Act 1998.

I confirm that only one Scottish Borders Council application for a nursery place has been submitted for my child and the information on this form to be correct to the best of my knowledge.

Signed (Parent/Guardian) Date

For Setting/Office Use Only:

Date of Application		Date of Panel		
* ID confirmation - One of the following must be shown as proof of ID Please write birth certificate or passport number				
Birth Certificate Number				
Passport number				
* Proof of address seen - One of the following must be shown as proof of address Please indicate which one has been seen				
<input type="radio"/> Bank Statement	<input type="radio"/> Child Benefit Letter	<input type="radio"/> Council Tax Bill	<input type="radio"/> Driving Licence	<input type="radio"/> Utility Bill