



**Clackmannanshire
Council**

www.clacks.gov.uk

Comhairle Siorrachd
Chlach Mhanann

Early Learning and Childcare (ELC) Application Session 2020/2021

1. Child's Details

| | | | |
|-------------|--|----------|--|
| First Name | | Known as | |
| Second Name | | | |
| Address | | | |
| Postcode | | | |

| | | | |
|--------------------------|--|--------|--|
| Date of Birth | | Gender | |
| Birth Certificate Number | | | |

2. Family Details

| | | | |
|-----------------------|-------|-------------------|---------|
| Relationship to Child | Title | Forename | Surname |
| Address | | | |
| Postcode | | Contact Number | |
| Authorised to collect | | Emergency contact | |

| | | | |
|-----------------------|-------|----------------|-------------------|
| Relationship to Child | Title | Forename | Surname |
| Address | | | |
| Postcode | | Contact Number | |
| Authorised to collect | Yes | No | Emergency contact |
| | | | Yes |
| | | | No |

3. Other children within the child's household

| First Name | Second Name | DOB | Gender | Place in family | School |
|------------|-------------|-----|--------|-----------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |

4. For Eligible 2 year old applications only

| | |
|---|--|
| You may be entitled to 1,140 hours of funded Early Learning and Childcare for your 2 year old if you meet the criteria below. Please tick which applies. | |
| You have a 2 year old living with you who is looked after by a local authority, is under kinship care order or guardianship | |
| You have a two year old child at home and are in receipt of at <u>least one of the following benefits below (please tick)</u> | |
| Jobseekers Allowance (income based) | |
| Income Support | |
| Employment and support Allowance (income based) | |
| Incapacity or Disability Living Allowance | |
| Personal Independence Payments | |
| Pension Credit | |
| Support under Part V1 of the immigration and asylum Act 1999 | |
| Universal Credit | |
| Child tax credit but not working tax credit and you income is less than £16,105 | |
| Both maximum Child Tax Credit and maximum Working Tax Credit and your income is under £7,320 | |

5. Child's Health Information (Health Conditions)

GP Practice: GP Name:.....

Health Visitor:.....

Does your child have any long-term illness, medical condition or disability?

Yes No

If yes, please provide details

If yes, has there been a professional assessment carried out?

Yes No

If yes, please provide details of the outcome of assessment and any professional Diagnosis made, and by whom.

Do you have any concerns about your child (please circle)

Yes No

Sight Hearing Speech and language Coordination/Movement

Behaviour Toileting Socialisation

Please provide more details below:

6. Ethnic Background – Please state child’s ethnic background

Main home language..... Languages Spoken..... Additional languages.....

7. Choice of Provision and Sessions

| | |
|--|---|
| Please indicate your 1st, 2nd and 3rd choice Nursery, Nursery Class (NC) or Childminder in order of preference. If you wish a blended model(shared funding) please state accordingly e.g. Alva (NC) and Ms A Childminder in box 4. | For full year provision only If you are choosing a full year place please indicate if you want a morning place/afternoon place or 2 ½ day place. |
| 1. | |
| 2. | |
| 3. | |
| 4. Please indicate shared funding below | Please indicate preferred session choice between providers |

Every effort will be made to accommodate your choice, but this may not always be possible. Please contact partner nurseries and childminders directly for information on options available

What to do with your application form once completed

All applications should be returned to your 1st choice of nursery/childminder or both if a blended model has been chosen. **Please bring along your supporting documents/evidence with you so we can process your ELC application.** Proof of your child's date of birth should be presented with completed application. This must be a birth certificate or your child's passport. Proof of where you live at the time of applying is also needed. This can include council tax letter, bank statement, electricity/ gas. Information for all ELC providers is available on our Clackmannanshire Council Website If you can't contact your ELC provider please send your completed application and documents to the Early Years Team, Floor 4, Kilncriags, Alloa, FK10 1EB and we will help you.

In line with General Data Protection Regulations

The information you supply on this form will be used by Clackmannanshire Council to process your application for an ELC placement for your child in your chosen setting. We will use your information to verify your identity where required, contact you by post, email or telephone and to keep our records up to date. If you need further information on how we handle your information please contact the Council Early Years Team at 01259 450000

Declaration of Parent /Carer: –

Print Name:

Signed:

Date:

*Please note that if any of the information you have given us on this form is wrong, it may affect the ELC placement offered to your child

Application forms should be returned to your first choice nursery no later than 13th March 2020. Late applications will be accepted but there is no guarantee of a space in your first choice nursery.