



Form 1 - Placement Application

Parent/Carer Nursery Application information and Proof of Receipt

PLEASE READ THE FOLLOWING GUIDANCE INFORMATION BEFORE COMPLETING THE APPLICATION FORM

More information about the Nursery application process can be found at www.gfis.org.uk

GENERAL NOTES

- Only one application form per child should be completed.
- Please ensure all sections of the form are completed. Failure to do so may affect the banding your child receives at the time of allocation.
- All questions marked * should be completed (application will not be considered without this information). Failure to do so may affect the banding your child receives at time of placement allocation.
- You are required to provide your Child's Full birth certificate and Child's passport if they have one as well as proof of the child's home address by means of a recent council tax letter or utility bill.
- You are an asylum seeker bring along your Home Office identity card.

SECTION 2

- It is very important to note that first choice nurseries cannot be guaranteed. Each application allows for a preference choice of three local authority nurseries (a 2nd and 3rd choice must be made in order for a child to secure entitlement to early learning and childcare).
- Local authority nurseries will try to offer flexibility, however children are normally offered the maximum of either five mornings or five afternoons.
- Additional sessions where possible may be available to children and families whose needs fulfil Glasgow City Council's Admissions Policy. The decision to allocate is completed through a scoring process undertaken through Area Admissions Panel group meetings.

SECTION 5

- If you receive any form of Benefits or Tax Credits you must provide your National Insurance number. Your application will not be progressed without it.

SECTION 6

- The completed application should be returned to the first choice nursery/centre where your child's name and details will be added to the register of all applicants.

DECLARATION BY APPLICANT

WARNING: IT IS AN OFFENCE TO GIVE FALSE INFORMATION

I have completed and submitted this Placement Application Form.

Where I have completed the form with assistance from another party, I have supplied the answers.

I understand that Glasgow City Council (you) will use the information I have provided to process my application for Early Years Placement and that you may check other sources as allowed by law. You may also use this application to share information to assess entitlement to Single Person Discount for Council Tax, Housing Benefit and Council Tax Reduction, Social Security benefits, clothing grants, income maximisation for assessment of care packages that I have made or may take, such as school clothing grants, access to free meals or to assess changes in relation to home care services.

Parent/Carer 1 (Primary Carer)

Parent/Carer 2

Signature* _____

Signature* _____

Date* _____

Date* _____

Proof of Submitted Application

Does not guarantee a space in your chosen Nursery

This section will be completed by the Nursery/Centre when completed application form is handed in.
Please go to Section 1.

Name of Child		
Name of Nursery/Centre		
Date application was received	Date of next Area Admissions Panel	Date at which you will hear back from us by

Name of Member of Staff _____

Signature of Member of Staff _____



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for layout purposes.

Please continue to the next page, thank you.

Form 1 - Placement Application**Parent/Carer Nursery Application**

PLEASE USE BLACK INK AND BLOCK LETTERS

1 DETAILS OF CHILD	
Forename*	Known as
Surname*	Date of Birth*
Birth Certificate Number*	Passport Number
Gender* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Flat/Apartment Number* (if applicable)	
House Number*	Street Name*
City/Town*	Postcode*
Nationality*	Language spoken at home
Does your child only speak English at home <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, what other language(s)
Interpreter required for enrolment* <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, what language
2 DETAILS OF NURSERY/CENTRE AT WHICH PLACEMENT IS REQUESTED?	
It is important that you list three choices in priority order. We will endeavour to offer you your first choice however it is also important to note that this cannot be guaranteed. The Statutory free hours for 3-5 year olds are 16 hours per week. Any hours over this will be charged at the appropriate rate for your circumstances.	
First preference*	
Second preference*	
Third preference*	
ATTENDANCE AT OTHER NURSERY/CENTRE	
Does your child currently attend any other nursery/centre <input type="checkbox"/> YES <input type="checkbox"/> NO	(Please state below)
Do you wish your funding to be split with another nursery/centre <input type="checkbox"/> YES <input type="checkbox"/> NO	(Please state below)
Is this an all year place (52 weeks) <input type="checkbox"/> YES <input type="checkbox"/> NO	

DETAILS OF NURSERY/CENTRE AT WHICH PLACEMENT IS REQUESTED? DETAILS OF PLACE REQUESTED

It is not always possible to satisfy your choice of place, but it is helpful to know the times you would like your child to attend. The Statutory free hours for 3-5 year olds are 16 hours per week. Any hours over this will be charged at the appropriate rate for your circumstances. Over 8 hours per day will be charged.

Is the child under three YES NO

Sessions	Monday		Tuesday		Wednesday		Thursday		Friday	
Morning AM e.g 0830	Start	Stop	Start	Stop	Start	Stop	Start	Stop	Start	Stop
Total hours AM										
Lunch requested	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sessions	Monday		Tuesday		Wednesday		Thursday		Friday	
Afternoon PM e.g 1430	Start	Stop	Start	Stop	Start	Stop	Start	Stop	Start	Stop
Total hours PM										
Hours per day										
Total hours per week										

3 CHILD HEALTH INFORMATION

NOTE: PLEASE PROVIDE ANY INFORMATION AROUND YOUR CHILDS HEALTH AND WELLBEING THAT HAS BEEN IDENTIFIED OR MAY BE OF CURRENT CONCERN. THIS WILL HELP THE NURSERY FORWARD PLAN FOR ANY ADDITIONAL SUPPORT OR NEEDS YOUR CHILD MAY HAVE

Does your child have any long term illness, medical condition, disability or additional support needs* YES NO

If YES, has a professional assessment been undertaken?* YES NO

If YES, can you provide copies of completed assessment?* YES NO

Has your health visitor completed your child's 30 month assessment?* YES NO

Were there any problems or concerns identified?* YES NO

If YES, please state below

CHILD'S DOCTOR

Name of Doctor*	Name of Surgery/Practice*
-----------------	---------------------------

Address*	Postcode*
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Phone*	Email
--------	-------

CHILD'S HEALTH VISITOR

Name of Health Visitor*	Name of Surgery/Practice*
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Address*	Postcode*
----------	-----------

Phone*	Email
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OTHER AGENCIES

Name	Name
Address	Address
Phone	Phone

CONCERNS

Please provide any concerns you may have with regards to your child's health. Continue in additional notes at end if needed*

Sight

Hearing

Speech/Language

Co-ordination and movement

Toileting

Behaviour

Other

Parent/Carer 1 (Primary carer)	Parent/Carer 2
Title* (Mr, Mrs, Ms, Miss)	Title* (Mr, Mrs, Ms, Miss)
Forename*	Forename*
Surname*	Surname*
Relationship to Child*	Relationship to Child*
Gender* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Gender* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Date of Birth*	Date of Birth*
Phone*	Phone*
Mobile*	Mobile*
Email*	Email*
Address (Please enter your address below, if different from the child's address)	Address (Please enter your address below, if different from the child's address)
Flat/Apartment Number* (if applicable)	Flat/Apartment Number* (if applicable)
House Number*	House Number*
Street Name*	Street Name*
City/Town*	City/Town*
Postcode*	Postcode*

DETAILS OF OTHER CHILDREN/YOUNG PEOPLE IN THE FAMILY - Place in family continue in Section 6, if needed

Name*	Date of Birth*	Age*	Place in Family* (e.g. 3rd of 4 children)		

DETAILS OF ALL ADULTS WHO RESIDE IN THE HOUSEHOLD - This should be completed for all persons over 16 who normally reside at the address of the child. If extra space is needed complete in **Section 6**. This information will be used to assist placement priority.

Name* <i>(include title Mr, Mrs, Ms, Miss)</i>	Relationship to child*	Employment/ Full-time Education*	Employer/ Education Details*	Hours Worked?*						
				S	M	T	W	T	F	S

5 EMPLOYMENT DETAILS

Please note: All applications submitted where either Benefits or Working Tax Credit are received will have those benefits verified by Glasgow City Council and this information will be used to assist in the calculation of the rate per hour received. Applications will not be processed where benefits have been stated and no National insurance number is provided.

Parent/Carer 1 (Primary Carer)	Parent/Carer 2
Are you a working parent? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, is this <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time or <input type="checkbox"/> Self-Employed <i>(Please tick)</i>	Are you a working parent? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, is this <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time or <input type="checkbox"/> Self-Employed <i>(Please tick)</i>
Are you in Education? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, is this <input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time <i>(Please tick)</i>	Are you in Education? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, is this <input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time <i>(Please tick)</i>
How long is the course? <input type="checkbox"/> 52 <input type="checkbox"/> 39 <input type="checkbox"/> OTHER If OTHER <i>(Please state)</i> _____	How long is the course? <input type="checkbox"/> 52 <input type="checkbox"/> 39 <input type="checkbox"/> OTHER If OTHER <i>(Please state)</i> _____
Are you in receipt of Housing Benefit?* <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you in receipt of Housing Benefit?* <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you in receipt of any State Benefit?* <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you in receipt of any State Benefit?* <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you in receipt of Working Tax Credit or Child tax Credit?* <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you in receipt of Working Tax Credit or Child tax Credit?* <input type="checkbox"/> YES <input type="checkbox"/> NO
National Insurance Number* <i>(if you receive Benefits or Tax Credits)</i>	National Insurance Number* <i>(if you receive Benefits or Tax Credits)</i>
Date of Birth*	Date of Birth*
Relationship to child*	Relationship to Child* Relationship to Carer 1*

6 ADDITIONAL INFORMATION TO SUPPORT APPLICATION - If not needed go to **Section 7**

Please provide any additional information to support this application or use this section for additional space from previous sections

More space available on next page, if required >

The above is a true statement of my circumstances. I understand that any false information given 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.

PLEASE NOTE: What we will do with your information

Glasgow City Council is registered under the Data Protection Act 1998. The Council is under an obligation to manage public funds properly. Accordingly information that you provide will be used to ensure all sums due to the Council are paid timeously, e.g. by identifying persons who are non-payers of Council Tax and to improve uptake of Benefits. The information may also be used to prevent and detect fraud. It is also possible that this information may be shared for the same purpose with public bodies, including neighbouring Councils or other organisations, which handle public funds.

The information which you provide on this form will be processed by Glasgow City Council, which is the data controller for the purposes of the Data Protection Act 1998. The personal data that you provide will be used to deal with your correspondence and to let you know what the outcome of this is. 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.

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Parent/Carer 1 (Primary Carer)

Parent/Carer 2

Signature* _____

Signature* _____

Print name* _____

Print name* _____

Date* _____

Date* _____

ETHNIC BACKGROUND - OPTIONAL

We would like you to help us collect information about your language, religion, ethnic background and national identity. You are not required to answer the following questions, however, the information is extremely valuable as it is used to monitor the effectiveness of Glasgow City Council's Race Equality Policy.

Please identify your child's ethnic background - tick box

White - Scottish	<input type="checkbox"/>	Asian - Chinese	<input type="checkbox"/>	Black - United Kingdom	<input type="checkbox"/>
White - United Kingdom	<input type="checkbox"/>	Asian - Indian	<input type="checkbox"/>	Black - African Asian	<input type="checkbox"/>
White - Other (Please state below)	<input type="checkbox"/>	Asian - Pakistani	<input type="checkbox"/>	Black - Caribbean	<input type="checkbox"/>
Mixed race (Please state below)	<input type="checkbox"/>	Asian - Other (Please state below)	<input type="checkbox"/>	Black - Other (Please state below)	<input type="checkbox"/>
Other (Please state)					
Asylum Seeker	<input type="checkbox"/>	Asylum Status (Please state)			

FOR OFFICE USE ONLY

Date of Application		Date of Area Panel	
Proof of Home Address	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>
Benefits check needed	<input type="checkbox"/>	Date Sent	
Proof of Council Tax	<input type="checkbox"/>	Utility Bill	<input type="checkbox"/>
Foreign National Check	<input type="checkbox"/>	Asylum Status	<input type="checkbox"/>
Benefits Check	<input type="checkbox"/>	Free Meals	<input type="checkbox"/>
Hourly Rate given	<input type="checkbox"/>	Weighting Points given	<input type="checkbox"/>
Priority Banding Recommended	<input type="checkbox"/>	Priority Banding Agreed at Panel	<input type="checkbox"/>
Date of NAMS Input		Receipt Given	<input type="checkbox"/>
Verified By		Date	

