



Falkirk Council : Education Services

APPLICATION FOR NURSERY PLACE

Please complete all 3 choices and return this form to your first choice nursery.

Name of Nursery	1st Choice	2nd Choice	3rd Choice
Intended Primary School			

CHILD'S DETAILS

Forename	(Please underline name by which the child is usually known)		
Surname			
Date of Birth (eg 11/08/04)		Gender (M/F)	
Home Address (This must be the address where the child is ordinarily resident)			
Postcode		Tel No	
E-mail Address		Mobile No	

PREFERRED SESSIONS	Mornings <input type="checkbox"/>	Afternoons <input type="checkbox"/>	Either <input type="checkbox"/>		
Please give reason for choice					
If you would like a mixed pattern of attendance please tick up to 5 boxes in the grid below.					
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Childcare is available in some Falkirk Council nurseries, there will be a charge for childcare. Your nursery education entitlement will be deducted from your bill. Please give an indication of why you need childcare, eg work, training, etc.					

PARENTS LIVING AT CHILD'S HOME ADDRESS (Address must be where child is ordinarily resident. For this purpose, a child's parent is defined as a person who is the natural parent, a person who is liable to maintain the child or has parental responsibilities/actual care of the child)

Relationship (eg Mother)	Title	Forename	Surname
Can you be contacted in an emergency during the day?	YES/NO	Name of Workplace	
Work E-mail Address		Daytime Tel No	
Home E-Mail Address		Mobile No	

Relationship (eg Father)	Title	Forename	Surname	
Can you be contacted in an emergency during the day?		YES/NO	Name of Workplace	
Work E-mail Address			Daytime Tel No	
Home E-Mail Address			Mobile No	

OTHER RELEVANT PARENTAL CONTACTS (Please list anyone who comes into this category not already mentioned, even if not living at child's home address)

Relationship	Title	Forename	Surname	
Address				
Postcode			Home Tel No	
Daytime Tel No			Mobile No	

SIBLINGS (Please give details of any brothers or sisters of the child)

Name		Relation to Child (eg brother/sister)	
Name		Relation to Child (eg brother/sister)	
Name		Relation to Child (eg brother/sister)	

EMERGENCY CONTACTS (Excluding parents)

Relationship	Title	Forename	Surname	
Name of Workplace				
Work E-mail Address			Daytime Tel No	
Home E-Mail Address:			Mobile No	

NOTE: You should only include contact details of persons who have agreed in advance to act as an emergency contact. In the event of an emergency, every effort will be made to contact you. If your child requires medical treatment but is not considered by the doctor or medical practitioner attending him/her to have sufficient understanding to give consent, then you will be asked to give your consent on their behalf. In terms of the Age of Legal Capacity (Scotland) Act 1991, children under 16 years of age can consent on their own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending him/her, he/she is capable of understanding the nature and possible consequences of the procedure or treatment.

CHILD'S MEDICAL DETAILS

Name of Child's Doctor		Tel No of Doctor	
Address of Doctor			
Does your child have a medical condition? (If yes, please give details including medication taken and allergies)			
ADDITIONAL SUPPORT (Please tick as appropriate) if your child has support from any of the following			
Educational Psychologist		Speech & Language Therapist	
Clinical Psychologist/Psychiatrist		Sensory Impairment Service	
Social Worker		Occupational/Physiotherapist	
Please detail any other information about your child that could be useful to the school (eg emotional problems, behaviour, special dietary requirements etc)			

ADDITIONAL INFORMATION

Ethnic Background (Please tick only one of the following categories that you feel best describes the ethnic background of your child. For example, a child born in Scotland with Bangladeshi parents should be entered as Asian Bangladeshi)		
White UK	Asian Chinese	Other Traveller
White Other	Asian Indian	Mixed
Black African	Asian Pakistani	Not disclosed
Black Caribbean	Asian Other	Not Known
Black Other	Occupational Traveller	Other (please give details)
Asian Bangladeshi	Gypsy Traveller	_____
National Identity (Please tick only one of the following categories that you feel best describes the national identity of your child)		
Scottish	Welsh	Refugee
English	British	Not Disclosed
Northern Irish	Asylum Seeker	Not known or not divulged
Other (Please give details)	_____	

Main Mother Tongue (Please tick only one box which best describes your child's main home language)		
Arabic	German	Norwegian
Bengali	Greek	Punjabi
Cantonese	Gujerati	Spanish
English	Hakka	Turkish
English and some Gaelic	Hindi	Urdu
French	Italian	Not known or not divulged
Gaelic	Maltese	
Other (Please give details)	_____	

Religion (Please tick only one of the following categories that you feel best describes the national religion of your child)		
Buddhist	Jehovah Witness	Sikh
Christian	Jewish	No Religion
Hindu	Muslim	Not known or not divulged
Other (Please give details)	_____	

DECLARATION

I confirm that only one Falkirk Council application for a nursery place has been submitted for my child.

I declare the information on this form to be correct to the best of my knowledge and that the address I have given for my child is the address at which they are ordinarily resident. My child lives at this address with me and I am the parent/carer/legal guardian. The address I have given is not the address of a friend, relative, business or any other type of address. I understand that the information I have given on this form may be checked with previous nurseries, my child's GP, the Council Tax Register, the Voters Roll, Housing Services and the Assessor for Central Scotland.

PRIVACY STATEMENT

For the purposes of Education Administration, Falkirk Council will process the information collected on this form and may share it with the following: Healthcare; social and welfare advisers or practitioners; education, training establishments; examining bodies; suppliers; providers of goods or services; financial organisations and advisers; survey research organisations; trade, employer associations and professional bodies; police forces; other local authorities; voluntary and charitable organisations; religious organisations; Careers Scotland; Scottish Executive (including ScotXed); Reporter to the Children's Panel and also for the administration of the Young Scot Card.

Signed: **Date:**
 Parent/Guardian

PARENTAL CONSENT FORM (Please complete all sections and sign where indicated)

Internet/E-mail Acceptable Use Policy

As the parent/legal guardian of the child named below, I agree to ensure that they will use the Internet access provided by Falkirk Council appropriately. Yes No

Educational Excursion

I give permission for my child to take part in any excursion and activities organised by this school or Education Services. Typical examples of activities (while not exhaustive) would include visitor attractions, outdoor activities, swimming etc. Yes No

Photography/Video Permission (Please only tick one box for each of the following)

I agree to allow my child to be photographed or video-recorded in connection with all nursery activities. (The copyright in such photographs belongs to the photographer involved and not the school or Falkirk Council). Yes No

Close Circuit Television (CCTV)

I understand and consent to the nursery/school employing CCTV to aid with the prevention of crime and improvement of public safety. In the event of there having been an incident at the nursery/school any CCTV footage taken of the incident (which might include film of my son or daughter) may be viewed by the senior management of the nursery/school in order to apprehend the culprits and prevent further incidents from occurring.

Signed: **Date:**
Parent/Guardian

Print Name:

Name of Child: