



**Falkirk Council
Children's Services**

**EARLY LEARNING AND CHILDCARE
APPLICATION FOR FUNDED 3-5 PLACE**

Note for Applicant

Please complete the Application Form which should be submitted to the ELC Admissions Team (see address on page 7) or hand into any ELC Class or Centre.

A copy of your child's birth certificate or passport along with proof of your address (see checklist on page 7) must be enclosed with the application.

FOR ADMISSIONS TEAM USE ONLY					
Date Application r/d:		Entered Date:		Entered By:	
Catchment 1:		Catchment 2:		Ward:	
Category Number:					
Proof of Address Seen	<input type="checkbox"/>	Council Tax Verified	<input type="checkbox"/>	Birth Certificate/Passport Seen	<input type="checkbox"/>
BC/Passport Number					
Place Offered			Offer letter Sent		

Section 1 - Child's Details

Forename(s)		Known As	
Surname			
Date of Birth		Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Home Address (This must be where the child is ordinarily resident)			
Line 1:			
Line 2:			
Line 3:			
Postcode		Telephone Number	

Section 2a: Choosing your preferred model

PLEASE SEE **APPENDIX 1** FOR SPECIFIC MODELS OF DELIVERY AT EACH SETTING (please tick relevant model)

Model 1a	<input type="checkbox"/>	Model 1b *	<input type="checkbox"/>	Model 2	<input type="checkbox"/>	Model 3 *	<input type="checkbox"/>
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Section 2b: Choosing your preferred setting

Please complete **all 3 choices** as we may not be able to allocate your first or second choice.

1 st Choice	
2 nd Choice	
3 rd Choice	

*Please note: Additional Childcare over 1140 hours is available in some Falkirk Council ELC Centres. There will be a charge for additional childcare at the currently hourly rate which can be obtained from the establishment. Your ELC entitlement will be deducted from your invoice.

Section 2c: Preferred Pattern of attendance

Model 1a (term time only)

Please indicate by ticking the days you require – please note these are **full days**

Monday		Tuesday		Wednesday		Thursday		Friday	
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Model 1b (term time only)

Enter days/times required. Any hours over 30hrs per week will be charged at the current hourly rate.

	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
Finish Time					
Total Hours					

Model 2 (term time plus summer holidays)

Please indicate by ticking the session required each day.

	Monday	Tuesday	Wednesday	Thursday	Friday
8am to 1pm					
1pm to 6pm					

Model 3

Enter days/times required. Any hours over 30hrs per week Term time or 23hrs 20min full year will be charged at the current hourly rate.

	Monday	Tuesday	Wednesday	Thursday	Friday	38 Weeks (Term Time 30 hours funded) <input type="checkbox"/>	48.8 Weeks (Full Time 23hrs 20min funded) <input type="checkbox"/>
Start Time							
Finish Time							
Total Hours							

Section 2d: Blended/Shared Placement

Do you wish to share across two different settings ?

Yes (please complete below)

No (please go to section 3)

Please enter the name of the ELC Centre, Private Nursery or Childminder for your **preferred** shared placement.

Establishment/Childminder	Days & Times

Section 3: Contact Information

Parent/Carer 1

Relationship		Title	
Forename			
Surname			
Is address same as Child	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(please indicate below)
Address 1			
Address 2			
Address 3			
Postcode			
Contact Telephone No			
Email Address			
Can collect	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Emergency Contact Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent/Carer 2

Relationship		Title	
Forename			
Surname			
Is address same as Child	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(please indicate below)
Address 1			
Address 2			
Address 3			
Postcode			
Contact Telephone No			
Email Address			
Can collect	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Emergency Contact Yes <input type="checkbox"/> No <input type="checkbox"/>

NOTE: Other relevant emergency contacts and those with permission to collect your child will be gathered by each establishment that your child attends

In the event of an emergency, every effort will be made to contact Parent/Carer 1 or 2. If your child requires medical treatment but is not considered by a doctor or medical practitioner 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, he/she is capable of understanding the nature and possible consequences of the procedure or treatment.

Section 4: Wellbeing Information

Child's Health Information

Does your child have any long-term illness, medical conditions or disability? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes please give as much detail as possible including medication taken and allergies. Please also complete page X)	
Does your child have support from any of the following:	
Educational Psychologist <input type="checkbox"/>	Speech & Language Therapist <input type="checkbox"/>
Clinical Psychologist/Psychiatrist <input type="checkbox"/>	Sensory Impairment Service <input type="checkbox"/>
Social Worker <input type="checkbox"/>	Occupational/Physiotherapist <input type="checkbox"/>
Has a team of professionals met to discuss your child's needs? This is referred to as a 'Team Around Child (TAC) Meeting' Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, has the team identified that your child will require additional support whilst at nursery? Yes <input type="checkbox"/> (please give details) No <input type="checkbox"/>	
Details of required support	

Child's Doctor		Doctor's Telephone No	
Name of Medical Practice			
Child's Health Visitor		Health Visitor Telephone No	

Dietary Requirements

Does your child have any special dietary requirements: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details: (please note any medical dietary requirements must be confirmed by GP)

Section 5: This information is collected on behalf of Scottish Government

Ethnic Origin - please tick only one for 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)

African – African/British/Scottish	<input type="checkbox"/>	Mixed or Multiple Ethinc Group	<input type="checkbox"/>
African - Other	<input type="checkbox"/>	Other - Arab	<input type="checkbox"/>
Asian – Bangladeshi/British/Scottish	<input type="checkbox"/>	Other – Other (please detail below)	<input type="checkbox"/>
Asian – Chinese/British/Scottish	<input type="checkbox"/>		
Asian – Indian/British/Scottish	<input type="checkbox"/>	White – Gypsy Traveller	<input type="checkbox"/>
Asian – Other	<input type="checkbox"/>	White – Irish	<input type="checkbox"/>
Asian – Pakistani/British/Scottish	<input type="checkbox"/>	White – Other	<input type="checkbox"/>
Carribean or Black – Carribean/British/Scottish	<input type="checkbox"/>	White – Other British	<input type="checkbox"/>
Carribean or Black – Other	<input type="checkbox"/>	White – Polish	<input type="checkbox"/>
Not Disclosed	<input type="checkbox"/>	White - Scottish	<input type="checkbox"/>

Religion (please tick only one of the following categories that you fee best describes the national religion of your child)

Buddhist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	No Religion	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Not know/divulged	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Sikh	<input type="checkbox"/>		
Other (please detail)	<input type="checkbox"/>				

National Identity (please tick only one of the following categories that you feel best describes the national identity of your child)

British	<input type="checkbox"/>	Scottish	<input type="checkbox"/>	Not know/divulged	<input type="checkbox"/>
English	<input type="checkbox"/>	Welsh	<input type="checkbox"/>	Other (please detail below)	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>	Not disclosed	<input type="checkbox"/>		

Asylum Status (please tick only one of the following categories that you feel best describes your asylum status)

Asylum Seeker	<input type="checkbox"/>	Regugee	<input type="checkbox"/>
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Language

Languages Spoken	
Main Language:	
Other Language:	

Section 6: Additional Information to support application

Previous Nursery Experience	
Additional text:	
Intended Primary School	

About This Form And How Your Information Will Be Used

We will use the information supplied on this form for educational purposes and to verify that the information provided supports enrolment at your chosen nursery.

The Council may also share information with other agencies relative to child protection matters, or for the prevention or detection of crime. Depending on the circumstances other agencies could include: Police Scotland, Social Work, the NHS, the Scottish Children's Reporter Administration, other local authorities and other organisations providing a service to children, young people and families. We also provide statistical information requested by the Scottish Government.

You have a right to request a copy of the information that we hold about you. If you would like a copy of some, or all, of your personal information you can email data.protection@falkirk.gov.uk or write to us at: Children's Services, Sealock House, 2 Inchyra Road, Grangemouth, FK3 9XB. As we wish to ensure your information is up to date, the nursery may, on occasion, seek to update the information we hold about you. You may also ask the Council to correct or remove information you think is inaccurate.

The Council will keep you updated on uses of information on its website www.falkirk.gov.uk

Declaration By Parent/Carer/Guardian

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 any of the following: previous nurseries and schools, my child's GP, Council Tax Records, the Electoral Roll, Housing Services.

Signed: _____

Date: _____

Print Name: _____

CHECKLIST	
All Relevant Sections Completed	<input type="checkbox"/>
Copy of Birth Certificate/Passport attached	<input type="checkbox"/>
Parent/Carer/Guardian Declaration signed	<input type="checkbox"/>
ACCEPTABLE PROOF OF RESIDENCE (please supply one)	
Council Tax Notice (Current year)	<input type="checkbox"/>
Utility Bill (dated within previous 12 months. Utilities classed as: gas, electricity, landline phone, broadband, digital TV)	<input type="checkbox"/>
Tenancy agreement - dated within previous 12 months	<input type="checkbox"/>
Signed completed missives for sale of a property - entry date previous 12 months or following two weeks before place required	<input type="checkbox"/>
Annual Mortgage Statement - dated within previous 12 months	<input type="checkbox"/>
Drivers licence - valid from date must be within previous 12 months	<input type="checkbox"/>
Signed letter from the householder if the applicant does not have a residence in their own name. Must include parents name, child(s) name(s) and date they commenced living at the property. This will be checked against council tax system to ensure they do not have a residence in their own name and no single person discount is being claimed at the address declared.	<input type="checkbox"/>
Voter card for any future local / general elections	<input type="checkbox"/>

Please send this form to:

ELC Admissions Team
 Children's Services
 Sealock House
 2 Inchyra Road
 Grangemouth
 FK3 9XB

Or you can hand this into any ELC Centre or ELC Nursery Class

MODELS OF DELIVERY BY SETTING

MODEL 1a

Operating during term-time only; 6 hours per day. Start/Finish times vary 9am (+/-15 mins) and 3pm (+/- 15 mins)

Ward 1	Ward 2	Ward 3	Ward 4	Ward 5
Bo'ness Public Deanburn Grange St Mary's	Beancross Bowhouse Sacred Heart	Bankier Denny Dunipace Head of Muir Nethermains St Patrick's	Airth Carron Carronshore St Bernadette's Stenhousemuir	Antonine Ladeside Larbert Village St Joseph's
Ward 6	Ward 7	Ward 8	Ward 9	
Bainsford St Andrew's St Francis Xavier Victoria	Bantaskin Carmuir Comely Park Easter Carmuir	Laurieston Westquarter	Avonbridge California Shieldhill Wallacestone Whitecross	

MODEL 1b

Operating term-time only between 8am and 6pm

Ward 1	Ward 9
Kinneil Primary School ELC	Slamannan Primary School ELC

MODEL 2

Operating term-time plus the 7 weeks during the summer.

Daily session times are 8am to 1pm **OR** 1pm to 6pm Monday to Friday.

Ward 6
Langlees ELC Centre

MODEL 3

Operating between the hours of 8am and 6pm; term time and full year available.

Ward 1	Ward 2	Ward 3	Ward 4	Ward 5
Kinglass ELC Centre	Moray ELC Cente Rannoch ELC Centre	Denny ELC Centre	Inchlair ELC Centre (incorporating Larbert ELC Centre) Kinnaird Waters ELC Centre	Bonnypark ELC Centre
Ward 6	Ward 7	Ward 8	Ward 9	
Camelon ELC Centre Woodburn ELC Centre	Glenburn ELC Centre	St Margaret's ELC Centre	Maddiston ELC Centre	

PLEASE TICK ALL MEDICAL CONDITIONS UNDER **COLUMN A** & NUMBER IN ORDER OF MEDICAL SEVERITY, IE 1, 2 ETC IN **COLUMN B** WHERE 1 IS THE MOST SEVERE MEDICAL CONDITION

	A	B		A	B		A	B		A	B
Abscess			Bowel - Problem			Heart - Congenital Heart Disease			Phenylketonuria		
ADHD			Bowel - Stoma			Heart - Other			Physical Disability		
Albanism			Brain Disorder			Heart - Pacemaker			Physical/Motor Skills Impairment		
Allergy - Animal Hair			Brain Tumour			Heart - Periventricular			Post Traumatic Stress Disorder		
Allergy - Bananas			Bronchiectasis - Lung			Heart Condition			Prader-Willi Syndrome		
Allergy - Citrus			Bronchmalasia			Heart condition - coortation of the			Pulmonary Stenosis		
Allergy - Dust Mites			Cancer			Heart Defect			Pulmonary Valve Stenosis		
Allergy - 'E' Colourings			Cerebral Palsy			Heart Operations			Pulmonary Vein Abnormality		
Allergy - Eggs			Coeliac Disease			Heart Problem - Aortic Stenosis			Raynauds Syndrome		
Allergy - Face Paint			Colitis			Heart Problem – Hole in the Heart			Reflex Anoxic Seizures		
Allergy - Latex			Conduct Disorder			Heart Problem - Murmur			Respiratory Problems/Breathing		
Allergy - Nut			Congenital Adrenal			Heart Problem - SVT			Rheumatic Fever (Sydenhams		
Allergy - Other			Crohns Disease			Henoch-Scholein Purpura			Seizures		
Allergy - Paracetamol			Croup			Hernia			Sever's Disease		
Allergy - Penicillin			Cystic Fibrosis			Hypermobility			Skeletal Disorder		
Allergy - Plasters			Dental			Impaired Mobility			Skeletal Dysplasia		
Allergy - Shellfish			Depression			Kidney Problem			Skin Complaint - Eczema		
Allergy - Strawberries			Development Disorder			Lactose Intolerance			Skin Complaint - Other		
Allergy - Wasp/Bee			Diabetes			Leukaemia			Skin Complaint - Psoriasis		
Allergy - Wheat			Dispraxia			Liver Problem			Speech Impairment		
Alopecia			Down's Syndrome			Lymphoblastic Leukaemia			Spina Bifida		
Anaphylactic Shock			Dyslexia			Metabolic Disorder			Sprengels Shoulder		
Anaphylaxis			Dyspraxia			Migraine			Stomach Migraine		
Anxiety			Eating Disorder			Multiple Sclerosis (MS)			Swallowing difficulty		
Arthritis			Epilepsy			Muscular Dystrophy			Syndrome		
Asperger's Syndrome			Fainting			Muscular-Other			Thyroid Disorder		
Asthma			Febrile Convulsions			Nose bleeds			Thyroid Hyperactivity		
Autism			Friedrichs Ataxia			Ocular Albinism			Tourettes Syndrome		
Autistic Spectrum			Funnelled Windpipe			ODD			Travel Sickness		
Axonal Neuropathy			Gastric Problem			Oesophageal Atresia			Ulcerative Colitis		
Bladder Problem			Genetic Disease/Disorder			Osgood Schlatters Syndrome			Urticaira - Skin condition		
Blood Disorder -			Glue Ear			Other			Vegetarian / Vegan		
Blood Disorder - HIV			Gluten Intolerance			Pain-General			Visual Impairment		
Blood Disorder - Other			Hay Fever			Panic Attacks			Vomitting Phobia		
Bowel - Irritable Bowel			Hearing Impairment			Perthes Disease			Walking Problem		

Medication taken (Please Detail)