**Form 1**

Education Services

**Early Childhood and Extended Childcare Services**

# Form 1

**Placement Application and Enrolment Form**

Application for placement within Glasgow City Council Early Childhood and Extended Childcare Services establishments may be made submitting only one application. Within this application you may state a maximum of three priority preferences for placement. The completed application form should be submitted to the establishment of first priority preference.

An application for placement will not be accepted unless the child is within one year of being eligible for admission within the establishments of priority preference.

Where multiple applications are submitted, the most recently submitted application will be valid and previous applications will be automatically deemed null and void.

In order for factors within the criteria for priority banding to be considered, establishments will request evidence, in the form of original documentation. Factors will not be taken into account if evidence cannot be provided.

All information provided within this application will be treated in confidence. Establishment staff will be pleased to assist you in the completion of this form.

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| **DETAILS OF EDUCATIONAL ESTABLISHMENTS AT WHICH PLACEMENT IS REQUESTED** |
| It is important that you list up to three choices in priority order, we will try to offer you first choice, however this cannot be guaranteed. |
| First Preference |
| Second Preference |
| Third Preference |

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| **DETAILS OF CHILD** |  |  |
| Forename(s) | Gender | **MALE** |   |  | **FEMALE** |  |  |
| Surname | Date of Birth |  | Phone |
| Address |  | Postcode |

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| **ATTENDANCE AT OTHER EARLY YEARS ESTABLISHMENT/FACILITY** |
| Please provide information on any other facility your child attends including patterns of attendance. *(Please tick appropriate day(s) and time(s))* |
| Name of Establishment |
| **Sessions** | Monday | Tuesday | Wednesday | Thursday | Friday |
| Early AM |  |  |  |  |  |
| AM |  |  |  |  |  |
| Lunch |  |  |  |  |  |
| PM |  |  |  |  |  |
| Late PM |  |  |  |  |  |
| Full-time |  |  |  |  |  |

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| **DETAILS OF PERSON MAKING THE APPLICATION** |  |  |
| Forename(s) | Phone |  |
| Surname | Mobile |  |
| Address |  | Postcode |
| Email Address |  |  |

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| **DETAILS OF PARENT(S)/CARER(S)** |  |
| **Details of Parent/Carer** *(if different from the person making this application)* | **Details of Parent/Carer** *(if different from the person making this application)* |
| Forename(s) | Forename(s) |
| Surname | Date of Birth | Surname | Date of Birth |
| Relationship to Child | Relationship to Child |
| AddressPostcode | AddressPostcode |
| Phone | Phone |
| Mobile | Mobile |
| **EMAIL ADDRESS** | **EMAIL ADDRESS** |

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| **DETAILS OF OTHER CHILDREN/YOUNG PEOPLE IN THE FAMILY** |  |  |
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Place in family, e.g. 3rd of 4 children |  |  |
| **Name** | **Date of Birth** | **Age** |
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 | **YES****NO**Do you require extended childcare?)(Extended Childcare is any provision over five sessionsDetails of EmploymentName of Employer and(contact number)Details of Full-timeEducation/Training(Name of Establishmentand contact number)Number of Hours )(Employment/Education/TrainingPlease provide details of Employment/Education of adults residing within the household (aged 16+).**Note:**mployment, education or training. This section must be completed if your reason for requesting extended childcare is to support access to eIf NO, please go to section 8. If YES, please state reason for extended childcare request**OTHER**How many weeks per year do you require childcare services?Name of AdultRelationship toChild**52****39**TuesdayMondayWednesdayThursdayFridayFromToToToToFromFromFromFromTo**EXTENDED CHILDCARE PLACEMENT REQUEST**Are you currently in work?**NO****YES****YES****NO**If not, would you like to find out more aboutemployment or training opportunities? |
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| **DETAILS OF PLACEMENT REQUESTED** |
| It is not always possible to satisfy your choice of place, but it is helpful to know the sessions that you would like your child to attend. *(Please tick)* |
| **Sessions** | Monday | Tuesday | Wednesday | Thursday | Friday |
| Early AM |  |  |  |  |  |
| AM |  |  |  |  |  |
| Lunch |  |  |  |  |  |
| PM |  |  |  |  |  |
| Late PM |  |  |  |  |  |
| Full-time |  |  |  |  |  |

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| **9** |

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| **ETHNIC BACKGROUND** |
| 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 the council's Race Equality Policy.Please identify your child’s ethnic background:

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|  |  | Asian - Chinese |  |  | Black - United Kingdom |  |  |

White - United Kingdom

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|  |  | Asian - Indian |  |  | Black - African |  |  |

White - Other

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|  |  | Asian - Pakistani |  |  | Black - Caribbean |  |  |

Asian - United Kingdom

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|  |  | Asian - Other |  |  | Black - Other |  |  |

Asian - Bangladeshi

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Other *(please specify)* |
| What Language(s) does your child speak? |
| Please detail any other language(s) used in your home |
| Please state your child’s religion? |
| Asylum Status? |
| Please state your child’s national identity? |
| I do not wish to disclose this information |  |  |  |

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| **10** |

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| **HEALTH INFORMATION** |  |
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| Does your child have any long term health, medical or additional support needs? |  | **YES** |  |  | **NO** |  |
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| If YES, please give details |  |
| **CHILD’S DOCTOR CHILD’S HEALTH VISITOR** |  |
| Name of Doctor | Name of Health Visitor |  |
| Name of Surgery/Practice | Name of Practice |  |
| AddressPostcode | Address | Postcode |
| Phone | Phone |  |

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| **ADDITIONAL INFORMATION TO SUPPORT APPLICATION** |
| Please provide any additional relevant information to support this application |

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Evidence provided should be as up to date as possible, but be dated no more than one year prior to the date of application. The type of evidence required should be taken into account when considering a reasonable time threshold. Please ensure this section is fully completed. Establishments are not required to retain copies of evidence.

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| **12** |

 | Additional Support Plan**EVIDENCE****Type of Evidence Produced**Evidence DatedEvidence Verified by PRINT NAME()Evidence Verified by )SIGNATURE(Date of VerificationAdult Services PlanAgency Support FormCare PlanChild Protection PlanChild’s Birth CertificateConfirmation of BenefitsConfirmation of EmploymentCouncil Tax StatementDrug Action PlanFormal Agency ReferralMinute of Social Work Services MeetingNotification of Return to Full-time EducationPRE-SCAT ReferralPsychological Services ReferralSibling Birth Certificate(s)Sibling Attendance at Glasgow City CouncilEarly Years establishmentDeferred Entry Approval FormTax Credit ConfirmationClothing Grant/School Meals award letter**Other** **(****PLEASE DETAIL****)**Evidence DatedEvidence Verified by (PRINT NAME)Evidence Verified by (SIGNATURE)Date of Verification |
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| **13** |

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| **DETAILS OF EMERGENCY CONTACT(S)** |
| Please enter details of person(s) who can be contacted by the establishment in the event of an emergency when the parent/carer cannot be contacted |
| **Details of Emergency Contact 1** | **Details of Emergency Contact 2** |
| Forename(s) | Forename(s) |
| Surname | Surname |
| Relationship to Child | Relationship to Child |
| AddressPostcode | AddressPostcode |
| Phone | Phone |
| Mobile | Mobile |
| **EMAIL ADDRESS** | **EMAIL ADDRESS** |

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**YES**

**NO**

**NO**

**YES**

**YES**

**NO**

**YES**

**NO**

**YES**

**NO**

Has child been immunised against:

**14**

Measles?

Poliomyelitis?

Diptheria?

Tetanus?

Whooping Cough?

**IMMUNISATION**

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| **DETAILS OF CHILD’S DENTIST** |  |
| Please provide details of the child’s registered dentist |  |
| Name of Dentist | Phone |
| Name of Surgery/Practice |  |
| Address | Postcode |

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| **16** |

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| **DATE DUE TO START PRIMARY SCHOOL** |
| When is your child due to start Primary School? |
| **Date** | **Name of Primary School *(if known)*** |
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| **17** |

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| **FURTHER INFORMATION REGARDING THE CHILD** |
| Please provide further information regarding the child: |
| **Special Dietary Requirements** |
| **Allergies** |
| **Child’s Special Likes/Dislikes** |
| **Other Requirements** |

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| **18** |

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| **CUSTODY ARRANGEMENTS** |
| Please provide details of any custody arrangements in place for the child |

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| **19** |

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| **ARRANGEMENTS FOR ESCORTING CHILD TO/FROM THE NURSERY/ESTABLISHMENT** |
| **Please provide details of who will escort the child to/from the nursery/establishment**You must inform us before hand if someone else is to collect your child either regularly or in an emergency. Please note that a responsible adult must always bring and collect children. |
| **To Nursery** | **From Nursery** |
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| **ANY OTHER RELEVANT INFORMATION** |
| Please provide any other relevant information in relation to the child |

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| **21** |

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| **AGREEMENT TO LEAVE NURSERY** |
| We may wish to leave the nursery for local outings (shops, parks, schools, walks etc).

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| --- | --- | --- | --- | --- |
|  | **YES** |  |  | **NO** |

Do you wish your child to participate in these outings?(Education Services, Management Circular No. 48, Appendix 4d applies for regular and ongoing programme of excursions/visits in Glasgow only) |

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Name of Parent/Carer

Signature of Parent/Carer

Date

***Thank you for completing this placement and enrolment form.***

**PLEASE RETURN THIS FORM TO THE HEAD OF ESTABLISHMENT OF THE FIRST PRIORITY PREFERENCE**

### 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.



**Pollokshields Early Years Centre**

**9-11 Melville Street**

**Glasgow**

**G41 2JJ**

**Tel: 0141 423 7330**

 Head of Centre: Karen McLean

Dear Parent/Carer

**Nursery Placement Pack**

This pack includes

• Nursery Placement Application Form

When submitting your application please bring with you the following paperwork

One of the following

• Original Birth Certificate (if born in the UK)

• Passport (if born outside the UK) plus your right to remain issued by the Home Office

• Any relevant paperwork which the Home Office has issued

One of the following

• Current Council Tax bill (preferred)

• Utility Bill (no more than 3 months old)

If you are applying for a place Work Evidence is required as below

• Work Evidence is only required if you are requesting additional hours over the (30hrs Government Funding) or

• If you are applying for a nursery placement for an under 3 child.

The current rates @ August 2023 are £3.00 per hour for under 3s.

The current rates @ August 2023 are £4.50 per hour for 3-5 year olds.

Kind regards

Karen McLean

Karen McLean

Head of Centre