Fife Council Early Learning and Childcare

2-Year-Old Application Form 2023-24

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The information given on this form will be held by Fife Council on computer systems to support your child during the course of his/her nursery career. You should note that you have the right to see this information and that **it will not be disclosed to any other third parties except where permitted by law or where your consent has been received.** **The information will not be made available for marketing purposes.** The uses of the information are covered by the Council’s registration under the Data Protection Act 1998.  For further information on how you child’s data is used, how we maintain the security of your information and your rights to access information we hold please contact the Management Information Systems Team at [education.data@fife.gov.uk](mailto:education.data@fife.gov.uk) | | | | |
|  | | | | |
| 1. **Nursery Place Applied For** | |  2 Year Old Place | | |
|  | | | | |
| 1. **CHILD DETAILS** | | | | |
| Forename(s) |  | | Known As |  |
| Surname |  | | | |
| Date of Birth |  | | Gender (M/F) |  M  F |
| Please enter birth certificate **or** passport details – this is used to create a unique record for your child | | | | |
| Birth Certificate Country of Issue: | | | Passport Number: | |
| Birth Certificate Number: | | |
| *For UK birth certificates the number is in 3 parts: District/Year of Birth/Entry No. e.g. 763/2013/123 (Scottish) or LON/2013/123 (Other)* | | |
| Address |  | | | |
| Postcode |  | | Telephone No. |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **FAMILY DETAILS** | | | | | | |
| **Main Contact (Applicant)** | | | | | | |
| Title |  | Forename |  | Surname |  | |
| Gender (M/F) | |  M  F | Can Collect |  Yes  No | | |
| Email Address | |  | | | | |
| Address (if different from child’s address) | |  | | | | |
| Postcode | |  | | | | |
| Daytime Phone No. | |  | | Relationship to child | |  |
| Home Phone No. | |  | | Contact in emergency | |  Yes  No |
| Mobile Phone No. | |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Additional / Emergency Contact(s) – please list all individuals with parental responsibility for the child** | | | | | | |
| Title |  | Forename |  | Surname |  | |
| Gender (M/F) | |  M  F | Can Collect |  Yes  No | | |
| Email Address | |  | | | | |
| Address (if different from child’s address) | |  | | | | |
| Postcode | |  | | | | |
| Daytime Phone No. | |  | | Relationship to child | |  |
| Home Phone No. | |  | | Contact in emergency | |  Yes  No |
| Mobile Phone No. | |  | | | | |

|  |  |
| --- | --- |
| 1. **NURSERY CHOICE (WHICH NURSERY DO YOU WISH YOUR CHILD TO ATTEND)** | |
| Please list up to 3 choices of nursery in priority order with 1 being your preferred option. This should be any Fife Council, private nursery, playgroup or childminders who are in partnership to provide ELC you wish to use.  Whilst we will try to offer you your first choice of setting or session time this cannot be guaranteed.  PLEASE RETURN YOUR COMPLETED APPLICATION FORM TO YOUR FIRST CHOICE FIFE COUNCIL NURSERY OR YOUR LOCAL FIFE COUNCIL NURSERY WITH 2 YR OLDS IF YOU WISH TO ACCESS ONE OF OUR PARTNER PROVIDERS | |
| 1st choice: |  |
| 2nd choice: |  |
| 3rd choice: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **SESSIONS REQUESTED** | | | | | | |
| **Fife Council Nurseries**  If applying for a Fife Council nursery place, please list suitable sessions for each of your choices from 1 to 6, with 1 being your preferred option.  PLEASE NOTE: NOT ALL SESSIONS WILL BE AVAILABLE IN EVERY NURSERY | | | | | | |
|  | Term Time  (9am – 3 pm) | | Full Year Model  4 hrs 40 mins AM | | Full Year Model  4 hrs 40 mins PM | |
| 1st choice |  | |  | |  | |
| 2nd choice |  | |  | |  | |
| 3rd choice |  | |  | |  | |
| Start Date *(please tick)* | |  August 2023 | |  January 2024 | |  April 2024 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Partner Provider Organisations**  If applying for a place at a Partner Provider Nursery / Playgroup / Childminder please list the days required. If a place is allocated the sessions offered will be in line with the Funded Providers operating models. | | | | | |
|  | Mon | Tues | Wed | Thur | Fri |
| Name of Private Nursery/Playgroup: |  |  |  |  |  |
| Name of Childminder: |  |  |  |  |  |
| Start Date: |  | | | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Will your child attend another ELC provider?** | | |  Yes  No | | | |
| **If Yes, Name of Provision** | | |  | | | |
| **Times Attending** | Mon | Tues | | Wed | Thur | Fri |
|  |  | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **INTENDED PRIMARY SCHOOL***(please list school if known – this information is not used in the allocation of any place awarded for nursery)* | | | | |
| Name of School |  |  Local Authority Primary |  Non Local Authority Primary |  Unknown |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **CHILD HEALTH INFORMATION** | | | |
| **Health Conditions** | | | |
| Does your child have an additional support need  (e.g. developmental delay, learning difficulty, long term illness)? | | |  Yes  No  Not Disclosed |
| If yes, please give details | |  | |
| Has there been a professional assessment? | | |  Yes  No |
| If yes, can you provide a copy of this assessment? | | |  Yes  No |
|  | | | |
| **Doctors Details** | | | |
| Health Board |  Fife |  Other (please list): | |
| Practice |  | | |
|  | | | |
| **Medical Conditions** | | | |
| Does your child have any medical conditions (including any allergies) | |  Yes  No  Not Disclosed | |
| If yes, please give details | |  | |
|  | | | |
| **Concerns - Please give details below of any concerns you have about your child** | | | |
| Sight |  Yes  No |  | |
| Hearing |  Yes  No |  | |
| Speech/Language |  Yes  No |  | |
| Coordination and movement |  Yes  No |  | |
| Behaviour |  Yes  No |  | |
| Toileting |  Yes  No |  | |
| Other |  Yes  No |  | |

|  |  |
| --- | --- |
| **Dietary Requirements** | |
| Does your child have any dietary requirements? |  Yes  No  Not Disclosed |
| If yes, please give details |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **CHILD’S NAMED PERSON (usually your Health Visitor)** | | | |
| Name |  | | |
| Address |  | | |
| Postcode |  | Telephone No. |  |
| Email |  | | |
| Designation |  | | |

|  |  |
| --- | --- |
| 1. **Looked After STATUS** *(Please complete if applicable)* | |
| Please select who has been care experienced and complete the relevant section below: |  Child  Parent |
|  | |
| **Please complete if Child selected:** |  |
| Local authority responsibility for Child’s Plan |  |
| Date |  |
| Looked After Status |  |
| Legislation |  |
|  | |
| **Please complete if Parent selected:** |  |
| Name of Professional able to confirm your status: |  |
| Contact details (telephone number and/or email address): |  |

|  |  |  |
| --- | --- | --- |
| **EQUAL OPPORTUNITIES MONITORING** | | |
| **ETHNIC ORIGIN \*** *(Please tick* ***one*** *category)* | | |
|  African – African/British/Scottish |  Caribbean or Black - Caribbean/British/Scottish |  White - Gypsy Traveller |
|  African – Other |  Caribbean or Black - Other |  White – Irish |
|  Asian - Bangladeshi/British/Scottish |  Mixed or multiple ethnic groups |  White – Other |
|  Asian - Chinese/British/Scottish |  Not Disclosed |  White - Other British |
|  Asian - Indian/British/Scottish |  Not Known or divulged |  White - Polish |
|  Asian – Other |  Other Arab |  White - Scottish |
|  Asian - Pakistani/British/Scottish |  Other (please specify): ……………………………………………………………………. | |

|  |  |  |
| --- | --- | --- |
| **CHILD’S RELIGION \*** *(Please tick* ***one*** *category)* | | |
|  Buddhist |  Muslim |  Sikh |
|  Christian |  None |  Not Known or not divulged  ……………………………………………….. |
|  Hindu |  No religion |  |
|  Jewish |  Other (please specify): …………………………………………………………………….. | |

|  |  |  |
| --- | --- | --- |
| **NATIONAL IDENTITY \*** *(Please tick* ***one*** *category)* | | |
|  British |  Not Disclosed |  Scottish |
|  English |  Not Known or divulged |  Welsh |
|  Northern Irish |  Other (please specify): ……………………………………………………………………. | |

|  |  |
| --- | --- |
| **ASYLUM STATUS** \* *(Please tick* ***one*** *category if applicable)* | |
|  Asylum Seeker |  Refugee |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **MAIN HOME LANGUAGE \* *(****Please tick* ***one*** *category for level of* ***English)*** | | | |
| Main Language spoken |  | | |
| Additional Language(s) spoken |  | | |
| Level of English : | | | |
|  New to English | |  Competent |  Limited communication |
|  Early Acquisition | |  Fluent |  Not assessed |
|  Developing competence | |  English as ‘a first language’ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **DECLARATION** | | | |
| **I declare the information on this form to be correct to the best of my knowledge.** | | | |
| Signed |  | | |
| Print Name |  | Date |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OFFICE USE ONLY – updated May 2023** | | | | |
| Date Application Received |  | | Date Receipt Issued |  |
| Panel Date |  | | Nursery 1 Category Level |  |
| Proof of Birth Date seen |  Yes  No | | Nursery 2 Category Level |  |
| Proof of Address seen |  Yes  No | | Nursery 3 Category Level |  |
| Type of Proof of Address seen |  | | | |
| Proof of Eligibility seen (for 2 year old placements only) | | | | |
| Income Support |  Yes  No | Job Seekers Allowance (income based) | |  Yes  No |
| Employment Support Allowance (income based) |  Yes  No | Child Tax Credit (CTC), but no entitlement to working tax credit with an income less than £18,725 | |  Yes  No |
| Universal Credit (earnings of £736 or less) |  Yes  No | Both maximum Child Tax Credit and Working Tax Credit with income below £8,717 | |  Yes  No |
| State Pension Credit |  Yes  No | Looked After, Kinship Care or Guardianship Order. Parents who have been care experienced | |  Yes  No |
| Incapacity or Severe Disablement Allowance |  Yes  No | Support under Part VI of the immigration and Asylum Act 1999 | |  Yes  No |

Fife Council Early Learning and Childcare

**

Guidance on Completing Application Form

2023-24

**General Information**

Please fully complete all sections of the application form if applicable to you. If you need any help in doing this please contact any Fife Council Early Learning and Childcare establishment.

**Applying for a Fife Council Nursery:**

You should only complete one Early Learning and Childcare (ELC) application form per child. Any additional forms completed will not be processed. Application forms for 2 year old placements can be submitted at any time and will be assessed at the next scheduled 2 year old nursery admissions panel, which take place at least once a term.

**Applying for a Partner Provider Nursery / Playgroup:**

You should complete an application form and hand it in, or send it, to your local Fife Council school offering two year old placements to be considered at the next allocation panel.

For any application, you must also provide evidence of your child’s date of birth (either birth certificate **or** passport) along with proof of your address (council tax bill, utility bill, bank statement, driving licence, child benefit award letter or NHS registration card) and any other eligibility criteria required (such as proof of benefits if applying for a 2 year old placement). **Please note we will be unable to accept your application unless this information is provided**.

If you have any other information that you think is relevant to your application please hand this in at the same time as your application.

**Section 3: FAMILY DETAILS**

Please list all individuals with parental responsibility for the child along with any additional emergency contacts. A continuation sheet is available either online at [www.fife.gov.uk/earlyyears](http://www.fife.gov.uk/earlyyears) or by contacting any Fife Council nursery.

**Section 4: NURSERY CHOICE**

If applying for a 2 year old place it is important that you give 3 choices of provider you would like your child to attend. We are not able to guarantee a place at your first choice provider and this will allow us to take your alternative choice(s) into account when offering a place. An up to date list is available of settings providing 2 year old places can be found at [www.fife.gov.uk/earlyyears](http://www.fife.gov.uk/earlyyears)

**Section 5: SESSIONS REQUESTED**

It is important to select all the sessions that your child would be able to attend. You should list this in order of preference, with 1 being your preferred option of session time. We are not able to guarantee you will be allocated your first choice of session time but this will allow us to take all suitable session times into account when offering a place.

An up to date list is available at [www.fife.gov.uk/earlyyears](http://www.fife.gov.uk/earlyyears)

If you wish your child to attend a Partner Provider such as a private nursery, playgroup or childminder please note this under the Partner Provider organisation section, including the name if known. Partner Provider settings who have decided to offer 2 year old provision can provide up to 1140 hours during session 2022/23. *Please note only those settings in partnership with Fife Council can be considered.*

**Section 10: LOOKED AFTER STATUS**

Please complete this section only if it applies to your child.

The looked after status would be either, looked after at home, looked after away from home or previously looked after. If you are unsure which legislation is relevant to your personal circumstances, please speak to your social worker for advice.