

Early Learning and Childcare

Partner Provider Application Form

2024-25

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| 1. **CHILD’S DETAILS** | | | |
|  |  |  |  |
| **Forename(s):** | | **Known As:** | |
| **Surname :** | | | |
| **Date of Birth :** | | **Sex (please tick):** o Male o Female | |
| Please enter birth certificate **OR** passport details – this is used to create a unique record for your child | | | |
| Birth Certificate Country of Issue: ………………………………  Birth Certificate Number: ……………...………………………… | | Passport Country of Issue: ……………………….  Passport 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* | | | |
| **Address :**  **Postcode:** | | | |
| **Telephone No:** | | | |

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| 1. **FAMILY DETAILS** | | | |
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| **Main Contact *(Applicant)*** | | | |
| **Title :** | **Forename :** | | **Surname :** |
| **Sex (please tick):** o Male o Female | | **Can Collect Child (please tick):** o Yes o No | |
| **Email Address :** | | | |
| **Address (if different from child’s address) :**  **Postcode:** | | | |
| **Daytime Phone No :** | | | |
| **Home Phone No :** | | | |
| **Mobile Phone No :** | | | |
| **Contact in emergency (please tick) :** o Yes o No | | **Relationship to child: …………………………………….** | |
|  | | | |
| **Additional Contact(s) - *please list all individuals with parental responsibility for the child*** | | | |
| **Title :** | **Forename :** | | **Surname :** |
| **Sex (please tick):** o Male o Female | | **Can Collect Child (please tick):** o Yes o No | |
| **Email Address :** | | | |
| **Address (if different from child’s address) :**  **Postcode:** | | | |
| **Daytime Phone No :** | | | |
| **Home Phone No :** | | | |
| **Mobile Phone No :** | | | |
| **Contact in emergency (please tick) :** o Yes o No | | **Relationship to child: …………………………………….** | |

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| 1. **PLACES REQUESTED** | | | | | |
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| **Nursery and Session Length** | | | | | |
| Partner Provider |  | | | | |
|  | Mon | Tues | Wed | Thur | Fri |
| Start Time |  |  |  |  |  |
| Finish Time |  |  |  |  |  |
| No of hours attending per day |  |  |  |  |  |
| No of hours of funded ELCC Claimed per week (max 30hr IF Term Time – less if full year please ask Setting) | |  | | | |

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| **Does your child currently attend another nursery?** | o Yes o No |

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| **SHARED CARE – Local Authority or other Partner Establishment where funded ELCC claimed** | | | | | |
| Name of Nursery |  | | | | |
|  | Mon | Tues | Wed | Thur | Fri |
| Start Time |  |  |  |  |  |
| Finish Time |  |  |  |  |  |
| No of hours per day |  |  |  |  |  |

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| 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 |  | o Local Authority Primary | o Non Local Authority Primary | o Unknown |

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

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

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| 1. **CHILD’S NON EDUCATION CONTACT *(usually your Health Visitor)*** | | | |
| Name |  | | |
| Address |  | | |
| Postcode |  | Telephone No. |  |
| Email |  | | |
| Designation |  | | |

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| 1. **Looked After STATUS *(Please only complete if applicable)*** | |
| Local authority responsibility for Child’s Plan |  |
| Date |  |
| Looked After Status |  |
| Legislation |  |

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

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

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

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| **ASYLUM STATUS** *(Please tick* ***one*** *category if applicable)* | |
| o Asylum Seeker | o Refugee |

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

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| 1. **DECLARATION** | | | |
| **I declare the information on this form to be correct to the best of my knowledge.** | | | |
| Signature | …………………………………………………………. | | |
| Print Name | …………………………………………………………. | Date | …………………….…… |
| Fife Council uses the information provided by you to support your child during the course of his/her nursery and school career. Further information on how you and your child’s information is used by Fife Council can be found here [www.fife.gov.uk/privacy/education](http://www.fife.gov.uk/privacy/education) | | | |

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| **OFFICE USE ONLY** | | | |
| Date Application Received |  |  |  |
| Proof of Birth Date seen | o Yes o No |  |  |
| Proof of Address seen | o Yes o No |  |  |
| Type of Proof of Address seen |  | | |

Guidance on Completing Application Form

2024-25

**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 your partner provider early learning and childcare establishment.

**Evidence Requested for ALL APPLICATIONS**

For any application, you must 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**. 2 year old applications must be handed in to a Local Authority Nursery that offers 2 year old place for processing.

**Section 2: FAMILY DETAILS**

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

**Section 7: 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.