



# Glasgow City Council

## Early Childhood and Extended Childcare Services Placement Application and Enrolment Form

PLEASE USE BLACK INK AND BLOCK LETTERS

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 considered 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.

### 1. DETAILS OF EDUCATIONAL ESTABLISHMENT 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.  
**PLEASE ENSURE YOU SUBMIT AN APPLICATION INTO YOUR FIRST PREFERENCE NURSERY ONLY. DUPLICATE APPLICATIONS WILL BE ALERTED ON OUR MANAGEMENT INFORMATION SYSTEM AND WILL NOT BE ACCEPTED.**

First Preference:

Second Preference:

Third Preference:

### 2. DETAILS OF CHILD

Forename(s):	Male	Female
Surname:	DOB:	
Address:	Postcode:	
Birth Certificate/Passport Number (Birth Certificate should show the District/Year/Entry No. (Scottish only):		
Resident Local Authority:		

### 3. CARE EXPERIENCE

Please tick below if your child is or has been Care Experienced.

(Please provide further information on this in Section 12)

Care Experienced at Home <input type="checkbox"/>	Care Experienced in Wider Family <input type="checkbox"/>	Care Experienced with a Different Family <input type="checkbox"/>	Previously Care Experienced <input type="checkbox"/>
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### 4. 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 outline preferred times required)

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					
Full-time					

### 5. SERVICE REQUIRED

What service do you require?

52 weeks

Term Time

**6. DETAILS OF PARENT/CARER**

<b>Details of Parent/Carer</b> (if different from the person making this application)		<b>Details of Parent/Carer</b> (if different from the person making this application)	
Forename(s):		Forename(s)	
Surname:	DOB:	Surname	DOB:
Relationship to Child:		Relationship to Child:	
Address:		Address:	
Phone:	Postcode:	Phone:	Postcode:
Mobile:		Mobile:	
Email Address:		Email Address:	
I am the main contact: <input type="checkbox"/>		I am the main contact: <input type="checkbox"/>	

**7. OTHER CHILDREN IN THE FAMILY**

Name:	DOB:

**8. EMPLOYMENT DETAILS IF APPLICABLE**

Are you currently in work?		Yes <input type="checkbox"/>	No <input type="checkbox"/>							
Please provide details below of anyone residing in the household above the ages of 16 in either education or employment: (Note: This must be completed for consideration of extended hours)										
Name of Adult:	Relationship to Child:	Current Employment/Education Details (Name & No.)	Employment/Education Pattern							
			Mon		Tue		Wed		Thu	
From	To	From	To	From	To	From	To	From	To	

**9. ATTENDANCE AT OTHER EARLY YEARS ESTABLISHMENT**

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
AM					
PM					
Full-time					

## 10. 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:

White – United Kingdom	Asian - Indian	Black - Caribbean	
White - Other	Asian - Pakistani	Black - Other	
Asian – United Kingdom	Asian - Other		Other (please specify)
Asian - Bangladeshi	Black – United Kingdom		
Asian - Chinese	Black - African		

What language(s) does your child speak?

Please detail any other language(s) used in your home:

## 11. HEALTH INFORMATION

Does your child have any long-term health, medical or additional support needs? If yes, what professional support did you and your child receive during this time? Was your child born premature, or do you have any concerns regarding your child's development?

### CHILD'S DOCTOR

Name of Doctor:	Name of Health Visitor:
Name of Practice:	Name of Practice:
Address:	Address:
Postcode:	Postcode:
Phone:	Phone:

I give consent for my child's doctor and/or health visitor to be contacted:

YES

NO

### CHILD'S DENTIST

Name of Dentist:	
Name of Practice:	
Address:	
Postcode:	Phone:

### ANY OTHER AGENCIES (E.G SOCIAL WORK, CPN, SPEECH & LANGUAGE)

Agency Name:	
Phone:	
Reason for Agency Involvement:	
Agency Name:	
Phone:	
Reason for Agency Involvement:	

## 12. ADDITIONAL INFORMATION TO SUPPORT APPLICATION

Please provide any additional relevant information to support this application, this may include current or historically significant events for example social work input and support.

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.

## 13. EVIDENCE (FOR OFFICE USE ONLY)

Type of Evidence Produced	Verified by (Print Name)	Verified by (Signature)	Date of Verification
Child Protection Plan			
Child's Birth Certificate			
Confirmation of Benefits			
Confirmation of Employment			
Council Tax Statement			
Formal Agency Referral			
Healthcare Plans			
Utility Bill			
Right to Remain Status			
Other (Supported Letters)	Verified by (Print Name)	Verified by (Signature)	Date of Verification

## 14. DETAILS OF EMERGENCY CONTACTS

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)
Name:	Name:
Relationship to Child	Relationship to Child:
Address:	Address:
Postcode:	Postcode:
Phone:	Phone:
Email Address:	Email Address:

**15. FURTHER INFORMATION REGARDING THE CHILD**

Please provide further information regarding the child.

**Dietary Requirements/Allergies:**

**Special Likes/Dislikes:**

**Any Medication Administered at Home:**

**Any Other Requirements:**

**16. CUSTODY ARRANGEMENTS**

Please provide details of any custody arrangements in place for the child:

**17. ANY OTHER RELEVANT INFORMATION**

Please provide any other relevant information in relation to the child.

**18. SIGNATURE**

Name of Parent

Signature:

Date:

**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

## Application Process Information

### How to complete my application form?

- Complete all sections of the form with as much detail as possible. (Refer to guidance sheet)
- Remember to include any health conditions or concerns related to the child.
- Include child's GP and health visitor details
- Include all working people in the home and their job and working hours
- Include any benefits you are in receipt of
- Outline requested hours.
- We would encourage you to enter 2<sup>nd</sup> and 3<sup>rd</sup> choice nursery. You can visit [www.gfis.org.uk](http://www.gfis.org.uk), enter your postcode to find nurseries in your area.

### Documents required in order to submit application form

#### **Child's information:**

- Birth certificate/passport
- GP details

#### **Parent/Carer information:**

- 2 x Proof of address (e.g. Council tax statement)
- Proof of employment, self-employment (SA302), further education (attendance at college/university).
- Confirmation of benefits (e.g.: Child Tax credit/Working Tax credit)
- Adult Services Plan/Drug Action Plan (if applicable)

#### **Non-UK Citizens**

- Passport (if born outside of the UK) plus your right to remain issued by the Home Office for the child and one parent or carer.
- Any relevant paperwork which the Home Office has issued.

**PLEASE NOTE: YOUR CHILD MUST BE PRESENT WHEN SUBMITTING YOUR APPLICATION FORM**

### What happens next?

- Your application will be banded in accordance with GCC admission policy and will be reflective of your own personal circumstances outlined in your application.  
(<https://www.glasgow.gov.uk/article/4303/Nursery-Education>)
- This banding is categorised by priority. Vulnerable children/families, children with Additional support needs will take priority.
- Your application will then be put on our system and taken to the next admission panel for consideration.
- Please remember that there are limited spaces, and **ALL** spaces will be offered according to priority and not length of time on waiting list.

### When will I receive any feedback?

- Usually, applications who are offered provision will be informed by letter following our admission panel (panels take place approximately 4 times per year). However, in the occasion that we have provision out with these panels, we are able to offer places with the panel's agreeance (that there is no one of a higher banding waiting).
- All other applications unplaced will remain on our waiting list and considered at the next panel. If you no longer require our service, please contact us and we will remove you from our waiting list.
- Please ensure you update your application should any of your circumstances change, this allows us to band your form correctly.

## Application Guidance

**Section 1.** Pick 3 nurseries you would like to apply for listing them in order of preference, its recommended to pick 3 but if you don't have 3 that's ok, visit [www.gfis.org.uk](http://www.gfis.org.uk) to see a list. PLEASE ENSURE YOU SUBMIT AN APPLICATION INTO YOUR FIRST PREFERENCE NURSERY ONLY.

**Section 2.** Child's full name, date of birth, sex and full address including flat number and postcode. If they are known as something different, please let us know.

**Section 3.** What is Care Experience? E.g. The child has a Compulsory Supervision Order, is under kinship care or in a foster placement. For more information on Care Experience please visit <https://thepromise.scot/what-is-the-promise/care-experienced-people>. If this applies to the Child currently or in the past, please tick the relevant box.

**Section 4.** What hours and days would you like the child to come to nursery? Need a specific time please put the time in the box or tell us in section 18.

**Section 5.** 52 weeks means the child would attend 52 weeks of the year, whereas for Term Time they attend 39 weeks per year. E.g. Term Time would be off during holidays such as summer holidays, the October week and Easter, whereas 52 weeks would still attend and only be off for a smaller number of holidays, e.g. Bank holidays & Inservice days.

**Section 6.** Parent or carers details, example if its mum and dad who care for the child, please put both details, if its one parent then just the one parent's details, if its someone else who cares for the child such as foster parent or kindship care, please put the details of the person or persons caring for the child.

**Section 7.** Please add the names and date of births of any of the child's siblings.

**Section 8.** Please tick to show if you are currently employed & list anyone over the age of 16 who lives in the home, only if they are working or are in education, including who they are to the child, what it is they do, and the hours they work or attend further education.

**Section 9.** If your child currently attends another nursery, please tell us the name of the nursery and the days and hours they attend it.

**Section 10.** Please tell us the child's ethnic background, tick to indicate or write in the other box & please let us know what language(s) your child speaks as well as any that may be used in the home.

**Section 11.** Does the child have any long-term health, medical or additional support needs, if so please tell us what these are and what support you have had, for example did they see a doctor or specialist, have they been referred and you're waiting on an appointment. Is there anything you are particularly concerned about them starting nursery due to this?

Add child's Doctors, Health visitor and Dentist information.

Please confirm if you consent to the nursery contacting your child's Doctor or/and Health Visitor.

Are any other agencies involved such as social work, speech and language, community psychiatric nurse (CPN) if so please let us know what one and the details.

**Section 12.** This could be past or current situations/events in the home or family, e.g. family or relationship breakdown, carer responsibilities, illness, social work input, or anything that's causing stress in home life.

**Section 13.** For Office use only.

**Section 14.** Please list one or two additional contacts that could be contacted in case of emergency other than primary carers. Only to be used in emergency where primary carer cannot be reached.

**Section 15.** Please list any allergies or food intolerances the child has or is being tested for, as well as if they follow a certain diet such as Vegan or Halal.

List if the child has any specific likes or dislikes, e.g. story time, bananas, water play, a song, pasta.

Does the Child have any medication they take at home?

**Section 16.** Are there any formal or informal custody arrangements for the child, for example do the parents share the custody of the child. Or is there supervised contact in place for a parent.

**Section 17.** Add any other information that may be relevant to your application.

**Section 18.** Please write your name, signature and the date completed.