

# Placement Application and Enrolment Form

PLEASE USE BLACK INK AND BLOCK LETTERS

## Note to Parent/Carer

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.

FOR OFFICE USE ONLY			
Date of Application			
Date of Panel Meeting			
Priority Banding Recommended			
Priority Banding agreed at Panel			
Proof of Address provided	<input type="checkbox"/>	YES	<input type="checkbox"/>
Birth Certificate provided	<input type="checkbox"/>	YES	<input type="checkbox"/>
			NO

1	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

2	DETAILS OF CHILD			
	Forename(s)	Gender	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
	Surname	Date of Birth	Phone	
	Address (including Flat and/or House number)			Postcode

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

4 DETAILS OF PERSON MAKING THE APPLICATION	
Forename(s)	Phone
Surname	Mobile
Address (including Flat and/or House number) <span style="float: right;">Postcode</span>	
Email Address:	

5 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	
Address <span style="float: right;">Postcode</span>		Address <span style="float: right;">Postcode</span>	
Phone		Phone	
Mobile		Mobile	

6 DETAILS OF OTHER CHILDREN/YOUNG PEOPLE IN THE FAMILY				
Place in family, e.g. 3rd of 4 children	3	4		
Name	Date of Birth	Age		

# EXTENDED CHILDCARE PLACEMENT REQUEST

7

Are you currently in work? ☐ YES ☐ NO

If not, would you like to find out more about employment or training opportunities? ☐ YES ☐ NO

Do you require extended childcare?  
(Extended Childcare is any provision over five sessions) ☐ YES ☐ NO

If NO, please go to section 8. If YES, please state reason for extended childcare request

How many weeks per year do you require childcare services? ☐ 52 ☐ 39 ☐ OTHER \_\_\_\_\_

Please provide details of Employment/Education of adults residing within the household (aged 16+).  
**Note:** This section must be completed if your reason for requesting extended childcare is to support access to employment, education or training.

Name of Adult	Relationship to Child	Details of Employment (Name of Employer and contact number)	Details of Full-time Education/Training (Name of Establishment and contact number)	Number of Hours (Employment/Education/Training)									
				Monday		Tuesday		Wednesday		Thursday		Friday	
				From	To	From	To	From	To	From	To	From	To

8

## 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					

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

White - Other

Asian - United Kingdom

Asian - Bangladeshi

Other

(please specify)

Asian -  
Chinese

Asian -  
Indian

Asian -  
Pakistani

Asian -  
Other

Black -  
United  
Kingdom

Black -  
African

Black -  
Caribbean

Black -  
Other

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

Does your child have any long term health, medical or additional support needs?

YES

NO

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

Address

Postcode

Address

Postcode

Phone

Phone

**11 ADDITIONAL INFORMATION TO SUPPORT APPLICATION**

Please provide any additional relevant information to support this application

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.

**EVIDENCE**

<b>12</b>	<b>Type of Evidence Produced</b>	<b>Evidence Dated</b>	<b>Evidence Verified by PRINT NAME</b>	<b>Evidence Verified by SIGNATURE</b>	<b>Date of Verification</b>
	Additional Support Plan				
	Adult Services Plan				
	Agency Support Form				
	Care Plan				
	Child Protection Plan				
	Child's Birth Certificate				
	Confirmation of Benefits				
	Confirmation of Employment				
	Council Tax Statement				
	Deferred Entry Approval Form				
	Drug Action Plan				
	Formal Agency Referral				
	Minute of Social Work Services Meeting				
	Notification of Return to Full-time Education				
	PRE-SCAT Referral				
	Psychological Services Referral				
	Sibling Birth Certificate(s)				
	Sibling Attendance at Glasgow City Council Early Years establishment				
	Tax Credit Confirmation				
	Clothing Grant/School Meals award letter				

<b>Other (PLEASE DETAIL)</b>	<b>Evidence Dated</b>	<b>Evidence Verified by( PRINT NAME)</b>	<b>Evidence Verified by SIGNATURE</b>	<b>Date of Verification</b>

<b>13</b>	<b>DETAILS OF EMERGENCY CONTACT(S)</b>	
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		
<b>Details of Emergency Contact 1</b>		<b>Details of Emergency Contact 2</b>
Forename(s)		Forename(s)
Surname		Surname
Relationship to Child		Relationship to Child
Address Postcode		Address Postcode
Phone		Phone
Mobile		Mobile
<b>14</b>	<b>IMMUNISATION</b>	
Has child been immunised against:		
Measles?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Poliomyelitis? <input type="checkbox"/> YES <input type="checkbox"/> NO
Diphtheria?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Tetanus? <input type="checkbox"/> YES <input type="checkbox"/> NO
Whooping Cough?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>15</b>	<b>DETAILS OF CHILD'S DENTIST</b>	
Please provide details of the child's registered dentist		
Name of Dentist		Phone
Name of Surgery/Practice		
Address		Postcode

<b>16</b>	<b>DATE DUE TO START PRIMARY SCHOOL</b>	
When is your child due to start Primary School?		
<b>Date</b>	<b>Name of Primary School (if known)</b>	

**17 FURTHER INFORMATION REGARDING THE CHILD**

Please provide further information regarding the child:

**Special Dietary Requirements****Allergies****Child's Special Likes/Dislikes****Other Requirements****18 CUSTODY ARRANGEMENTS**

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

**19 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**

20	<b>ANY OTHER RELEVANT INFORMATION</b>
<p>Please provide any other relevant information in relation to the child</p>	

21	<b>AGREEMENT TO LEAVE NURSERY</b>
<p>We may wish to leave the nursery for local outings (shops, parks, schools, walks etc).</p>	
<p>Do you wish your child to participate in these outings?</p>	
<div><div><input type="checkbox"/></div><div>YES</div><div><input type="checkbox"/></div><div>NO</div></div>	
<p>(Education Services, Management Circular No. 48, Appendix 4d applies for regular and ongoing programme of excursions/visits in Glasgow only)</p>	

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.