

Office Use only (please tick)	600 hours	1140 hours	Funding start date	Aug 18	Jan 19	Apr 19
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Scottish Borders Council

EARLY LEARNING & CHILDCARE (ELC) APPLICATION FORM SESSION 2018/19

Please complete only one application per child (unless applying for a split placement - see section 7)

Please take this form to your first choice ELC provider along with the child's birth certificate. Proof of address (Council Tax Bill, Child Benefit letter, Bank Statement, Utility Bill or a Driving Licence) is also required.

1- Which Early Learning & Childcare provider do you wish your child to attend?

It is important that you give 2 choices of ELC you would like your child to attend. We are not able to guarantee a place at your first choice Provider but this allows us to take your other choice into account when offering an alternative place.

1)	
2) Please state other choice	

2- Child Details

Please note we are unable to enrol your child under any other name than the one on their birth certificate.

Forename(s)	Known As	
Surname		
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth
Child's Home Address This must be the address where the child resides		
Postcode	Home Telephone Number	

Office Use - Birth Certificate information

Scottish Certificate	District	Year	Entry
Other – please state country	Country	Number	

3- Family Details

Main Contact			
Title	Full Name		
Email			
Address (if different from child's address)			
Postcode	Home number		
Work Number	Mobile number		
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Can collect from ELC	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship to child	Emergency contact	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Contact 2

Please provide alternative contact details of any other adult who can be contacted in an emergency.

Title	Full Name		
Email			
Address (if different from child's address)			
Postcode	Home number		
Work Number	Mobile number		
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Can collect from ELC	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship to child	Emergency contact	Yes <input type="checkbox"/> No <input type="checkbox"/>	

4- Health Visitor			
Name of Health Visitor		Telephone number	
GP practice or Health Centre			

5- Current Placement	
Please state which ELC Provider your child currently attends	

6- Is your child in receipt of a funded 2 year old place?			
Does your child currently receive a funded 2 year old place?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please state which ELC2 provider your child attends	



Please discuss with your preferred provider the days and times they have available before completing section 7

7- Hours Requested. Please complete either section A or B below depending on the number of hours you can access.	
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1140 hours available if your home address falls in the school catchment area of Greenlaw, Chirnside, Coldstream, Coldingham, Eyemouth, Langlee, Burnfoot, Trinity, Yetholm, Walkerburn, Philiphaugh, Kirkhope.
600 hours available for those who live in all other school catchment areas.

A. 600 Hours (Statutory entitlement). Available at ALL Early Learning and Childcare providers
Over 38 weeks = 15 hrs 50 mins per week approx. Over 50 weeks = 12 hours per week approx. Max of 8 hours in one day.
Please indicate days and preferred. NB. preferred days / times are subject to availability and cannot be guaranteed.

	Mon	Tues	Wed	Thurs	Fri
Morning					
Lunch (providers offering wraparound)					
Afternoon					
Other – note times preferred					
Weeks per year (tick)	<input type="checkbox"/> 38 weeks (Term Time only)		<input type="checkbox"/> 50 weeks		<input type="checkbox"/> Other: _____ weeks

B. 1140 Hours (Statutory entitlement from August 2020)
Over 38 weeks = 30 hours per week approx. Over 50 weeks = 23 hours per week approx. Max of 8 hours in one day.
Please indicate days and preferences. NB. Preferred days / times are subject to availability and cannot be guaranteed.

	Mon	Tues	Wed	Thurs	Fri
Asymmetric- hours are same as the school day, finishing at lunchtime on a Friday (38 weeks)					
Other - note times preferred					
Weeks per year (tick)	<input type="checkbox"/> 38 weeks (Term Time only)		<input type="checkbox"/> 50 weeks		<input type="checkbox"/> Other: _____ weeks

<i>Example A – 38 weeks (30 hrs)</i>		12-6pm	9-5pm	8-4pm	8-4pm
<i>Example B – 50 weeks (23 hrs)</i>	8-1pm	8-1pm	1-6pm	1-6pm	8-11am
<i>Example C – 50 weeks (23 hrs)</i>	8-4pm	8-4pm	8-3pm		

Please state reason for requesting these times

<input type="checkbox"/> Work commitments	<input type="checkbox"/> Training	<input type="checkbox"/> Childcare	<input type="checkbox"/> Other – please state
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8- Split or Blended Placement					
Please Note - For Split / Blended placements you should submit an application to both providers					
Are you applying for a split placement with another Provider?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Please state the name of the other ELC Provider		
	Mon	Tues	Wed	Thurs	Fri
Days and times requested at other Provider					

9- Siblings (Please give details of any siblings who already attend the ELC Provider or school)			
Name		Date of Birth	
Name		Date of Birth	

10- Child's Religion please tick any religious affiliation below										
Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	Not Known <input type="checkbox"/>	None <input type="checkbox"/>	Other – please state	
If not stated above, please state religion here										

11-Ethnic Origin please tick the one category						
African – African / Scottish / British <input type="checkbox"/>	African – Other <input type="checkbox"/>	Asian – Bangladeshi / British / Scottish <input type="checkbox"/>	Asian – Chinese / British / Scottish <input type="checkbox"/>	Asian –Indian / British / Scottish <input type="checkbox"/>	Asian – Other <input type="checkbox"/>	
Asian – Pakistani / British / Scottish <input type="checkbox"/>	Caribbean or Black- Other <input type="checkbox"/>	Caribbean or Black – Caribbean / British / Scottish <input type="checkbox"/>	Mixed or multiple ethnic groups <input type="checkbox"/>	White Gypsy /Traveller <input type="checkbox"/>	White – Irish <input type="checkbox"/>	
White – Other British <input type="checkbox"/>	White –Scottish <input type="checkbox"/>	White-Other <input type="checkbox"/>	White - Polish – <input type="checkbox"/>	Other <input type="checkbox"/>	Other – Arab <input type="checkbox"/>	
If not stated above, please state ethnic origin here:				Prefer not to say <input type="checkbox"/>	Not Known <input type="checkbox"/>	

12- National Identity please tick the one category							
Scottish <input type="checkbox"/>	English <input type="checkbox"/>	Northern Irish <input type="checkbox"/>	Welsh <input type="checkbox"/>	British <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	Not Known <input type="checkbox"/>	Other <input type="checkbox"/>
If not stated above, please state national identity here							

13- Asylum Status please tick if appropriate	
Asylum Status <input type="checkbox"/>	Refugee <input type="checkbox"/>

14- Main Home Language	
English as the main language	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please tell us the main language spoken if not English	
Please state all Additional Languages	

15- Doctors Details			
GP Practice Name		Phone number	
Address			

16- Child Health Information	
Is your child registered with a dentist?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Concerns / Medical Conditions Does your child have any of the following medical conditions? Please tick the appropriate box(es) below.	
Asthma <input type="checkbox"/>	Anaphylaxis <input type="checkbox"/> Epilepsy <input type="checkbox"/> Eczema <input type="checkbox"/> Migraine <input type="checkbox"/>
Severe Allergies <input type="checkbox"/>	Bladder Problems <input type="checkbox"/> Dietary Requirements <input type="checkbox"/> Diabetes <input type="checkbox"/>
Concerns Does your child have difficulty with any of the following? Please tick the appropriate box(es) below.	
Hearing <input type="checkbox"/>	Sight <input type="checkbox"/> Co-ordination / movement <input type="checkbox"/> Speech / language <input type="checkbox"/> Behaviour <input type="checkbox"/> Toileting <input type="checkbox"/>
Please provide detail and /or details of any other medical conditions or health needs e.g. medication, type of allergy	

17- Additional Support Needs		
Does your child have any additional support needs e.g. developmental delay, learning difficulty?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child have a Child's Plan or Individualised Education Programme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please provide details		
Professionals Involved with your child		
Service	Professional's name	Support given
Has there been a professional assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can you provide copies of professional assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

18- Intended Primary School – Please note, if this is not your catchment school we cannot guarantee a place	
Which primary school do you intend to send your child to?	

Marketing Information				
To assist us with our marketing strategies please tick one of the following boxes indicating how you were informed of the application process				
Local press <input type="checkbox"/>	National Press <input type="checkbox"/>	Local Primary School <input type="checkbox"/>	Nursery / Childminder <input type="checkbox"/>	Friends /relatives <input type="checkbox"/>
Social Media <input type="checkbox"/>	Council Website <input type="checkbox"/>	Other, Please state		

19- Additional Information to Support your Application
Please list any additional information here (e.g. request for specific session time):

20- PHOTOGRAPHS / VIDEO + MEDIA CONSENT

Photographs and videos may be taken by the ELC provider as well as other parents for a variety of reasons for example Sports Day, celebrations of achievement, charity events, excursions etc.

The ELC provider your child attends may wish to display or show photographs or videos taken by themselves, in print, in various locations or by electronic means such as a website. Likewise the media or other parents may wish to use the images of pupils in various ways. You can check with the ELC provider direct for further information on this.

The Local Authority wishes to ensure that you are aware of and understand such possible use of your child's image and that you have consented

Please note that the permission will remain in force during your child's ELC placement unless you write to the Provider and change the decisions below. If you have answer 'No' to any of the following questions you may find it helpful to contact the Head Teacher/Manager of the ELC provision to discuss the concerns you may have

Please indicate by ticking yes or no, which of the following you consent to

1. Your child being photographed / videoed by ELC provider?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Your child being photographed /videoed by the media?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Your child being in a Provider whereby other parties such as parents may include them in photographs or videos?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Your child's photograph / video or image being <u>publicly displayed / released</u> by Local Authority staff, or staff in the Provider?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Your child's <u>name</u> being <u>publicly displayed /released</u> by the Local Authority, or staff in the Provider?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Your child's photograph/video or image being <u>publicly displayed /released</u> by the media?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Your child's <u>name</u> being <u>publicly displayed /released</u> by the media?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

21- INTERNET RESPONSIBLE USE AGREEMENT

ELC providers use Internet resources as part of the curriculum. It is Policy of all not to allow unsupervised access to the Internet.

Do you consent to your son/daughter having Internet access in a **supervised** situation?

Yes No

22- DATA SHARING

Please note that from time to time your child's data may be shared with the following parties:

1. The Scottish Government for examination, career guidance and monitoring purposes;
2. ParentPay, EPS and CRB to allow the school to offer cashless catering and to receive payment for school trips and events;
3. Groupcall to allow the school to communicate with you;
4. The National Health Service for health monitoring;
5. Netmedia to enable the online arrangement of parents evenings;(where appropriate)
6. Internal Scottish Borders Council departments to allow the provision of catering and transport.

On each occasion, the recipients are bound to the terms of a Data Sharing Agreement and accordingly will only use your child's data for the specified purpose.

23- DECLARATION

I confirm that only one Scottish Borders Council application for an Early Learning and Childcare place has been submitted for my child and the information on this form to be correct to the best of my knowledge.

Signed (Parent/Guardian)

Date

For Setting/Office Use Only:

Check and tick	<input type="checkbox"/> Date of birth is the same as the birth certificate	Which Proof of address has been seen?	
	<input type="checkbox"/> Name on the form is the same as the birth certificate.	<input type="checkbox"/> Utility bill	<input type="checkbox"/> Bank Statement <input type="checkbox"/> Driving Licence
	<input type="checkbox"/> No other application has been submitted (except for split / blended placements)	<input type="checkbox"/> Child Benefit Letter	<input type="checkbox"/> Council Tax Bill
<input type="checkbox"/> Address on form is the same as the proof of address			
Date application received		Date Signed	
HT/ Manager signature			