

Date Application was received	ID confirmation
	Birth Certificate Number
Proof of address seen	Bank Statement <input type="checkbox"/> Child Benefit Letter <input type="checkbox"/> Utility Bill <input type="checkbox"/> Council Tax Bill <input type="checkbox"/> Driving Licence <input type="checkbox"/>
PRIORITY ALLOCATED	
Priority 2- meeting with parent/carer	Date
Forwarded to Panel	Date
Priority 3 – meeting with parent	Date
Forwarded to Panel	date

Aberdeenshire

COUNCIL



Education & Children's Services

EARLY LEARNING & CHILDCARE (ELC) APPLICATION FORM SESSION 2019/2020

Please complete only ONE application per child (except for split placements)

Please take this form to your first choice ELC provider along with the child's birth certificate, along with proof of address (Council Tax Bill, Child Benefit letter, bank statement, Utility Bill or a Driving Licence).

1- *Is this a new application or is the child returning to a setting?
New Application <input type="checkbox"/> Child returning to setting <input type="checkbox"/>
Please indicate if this application is for a 2, 3, 4 or 5 year old? (This is the age of the child as at August 2019)

2- *Is your child currently accessing a two year old place?
Does your child currently receive a funded 2 years old place? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, state the name of the ELC setting they attend.
If no, please do not complete this form. Contact The Early Years Team at earlyyears@aberdeenshire.gov.uk for more information.

3- *Current Placement
Please state which ELC setting, if any, your child currently attends
Is this a funded or non-funded placement?

4- *Child Details	
Forename(s)	Known As
Surname	
Gender (as detailed on birth certificate)	M <input type="checkbox"/> F <input type="checkbox"/> Date of Birth
Child's Home Address (this must be the address where the child regularly stays)	Home Tel No:
Postcode	

5- *Intended Primary School
Please state the name of the primary school you intend to send your child to
Name of Primary School

6- *Family Details			
Main Contact (Applicant)			
Title			
Email			
Address (if different from child's)			
Postcode		Home number	
Work Number		Mobile number	

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

8- *Emergency Contact		Full Name	
Title			
Email			
Address (if different from child's address)			
Postcode		Home number	
Work Number		Mobile number	
Relationship to child			
If there is an absent parent, do they require to be on the setting mailing list			Yes <input type="checkbox"/> No <input type="checkbox"/>

9- *Please state Medical Practice			
GP Practice Name		Tel No	
Address			

10- *Child Health and Learning Information					
Concerns / Medical Conditions					
Does the child have any of the following medical conditions? Please tick the appropriate box(es)					
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 the 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 brief details of any other medical conditions or health needs, i.e. medication, type of allergy.					

***Additional Support Needs**

Does your child have any additional support needs e.g. developmental delay, learning difficulty?
 Yes No

If Yes, please provide details

Professionals Involved with your child

Service	Professional's name	Support given

Has there been a professional assessment? Yes No

Can you provide copies of professional assessment? Yes No

11- *If Yes

Name of Social Worker: Telephone Number:
 Address: Email Address:

12- *Child's 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	

13- *Please choose 3 settings that you would wish you child to attend (please note this cannot be guaranteed and transport is not provided)

1:	
2: please state another	
3: please state another	

14- * Preferred Sessions (maximum of 15 hours 50 Mins a week) Please confirm available sessions with your first choice settings

	Mon	Tues	Wed	Thurs	Fri
AM					
PM					

15- *Do you want your funded child to share the funding over two settings?

Yes No

Please note that if this application is for a 2 year old it will not be considered if question 16 is not fully completed.

16- *ELIGIBILITY CRITERIA (applies to applications for 2 year olds only)

I am in receipt of the following benefits Please tick relevant box

List A

Income Support <input type="checkbox"/>	Income-based Job Seeker's Allowance <input type="checkbox"/>	Incapacity/severe disablement allowances <input type="checkbox"/>
Any income related element of Employment and Support Allowance <input type="checkbox"/>		Universal Credit <input type="checkbox"/>
Pension Credit <input type="checkbox"/>	Support under Part VI of the Immigration and Asylum Act 1999 <input type="checkbox"/>	

List B – Copy of Tax credit award letter must be produced to the setting.

Child Tax Credit (CTC), but not Working Tax Credit, and your income is less than £16,105

Both maximum Child Tax Credit and maximum Working Tax Credit and your income is under £6,420

or the child meets one of the following criteria:-

child is looked after <input type="checkbox"/>	child is under a kinship care order <input type="checkbox"/>	child is with an appointed guardian <input type="checkbox"/>
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17- *Additional Information to Support your Application

Please list any additional information here (e.g. request for specific session time):

DECLARATION

The information on this form will be processed electronically for administrative purposes. This information is confidential. The processing and storage of this information will comply with GDPR (EU) 2016/679, items marked * will be held by Aberdeenshire Council's Education & Children's Services, and by the Scottish Government Education Department as part of ScotXed return for statistical purposes. Please assist us by telling the setting promptly if any of this information changes.

The Education & Children's Services, as part of Aberdeenshire Council, may share any information you give us with other Aberdeenshire Council Services or Government departments as required by law where relevant for their purpose. We will only reveal information where we have your permission or where we have to supply information for a service that you have requested. We do not sell or rent information to anyone.

I certify that, to the best of my knowledge, the information contained in the above Early Learning & Childcare Application Form is correct. Places are allocated from the eligible start date until the end of the school year in July 2020, transfers during this period may be granted in certain circumstances.

Parent/Carer name (Please Print)Relationship to the child.....

Parent/Carer Signature..... Date.....

Child's Name.....Date of Birth.....