

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



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

Please complete only ONE application per child

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 3, 4 or 5 year old? (This is the age of the child as at August 2019)

2- Only complete this question if currently accessing or applying for a 2 year 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)	Postcode
	Home Telephone Number

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 No

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

