



Date of Application:	
----------------------	--

PERSONAL DETAILS

First Name:	
Middle Name:	
Surname:	
Gender:	
Date of Birth:	
Address:	
Postcode:	
Tel No:	
Email:	

PARENT DETAILS

	Parent/Guardian 1	Parent/Guardian 2
Name:		
Address:		
Postcode:		
Tel No:		
Email:		

DAYS REQUIRED (✓)

	MON	TUE	WED	THU	FRI
AM					
PM					

Start Date:	
-------------	--

ADDITIONAL INFORMATION TO SUPPORT APPLICATION

--

Parent Signature:	
Date:	

Rainbow Nursery  
Fullerton Street  
Paisley  
PA3 2NN  
Phone: 0141 840 4080  
Email: [Rainbow@childcarefirst.com](mailto:Rainbow@childcarefirst.com)

**Notes for Parents/Guardians on Completing Application Form for a Placement in an Early Learning and Childcare Establishment (Local Authority and Approved Funded Providers Including Childminders)**



**1. Making Application**

**Please note only one application is required.** Please indicate your first, second and third choices of early learning and childcare establishments which **may include local authority and/or funded providers including childminders.** All applications are presented to an admission panel for allocation. The panel consists of heads of establishments and representatives from other agencies. **The panel will try to accommodate your first preference, however please note there may be occasions when the head of another establishment will contact you to offer you a place if no place is available at your preferred early learning and childcare establishment.** The number of preferences given on the application form does not affect the allocation process. **All information given by you will be treated in confidence.**

**2. Placement Requested**

We will do our best to accommodate your placement needs however it is not always possible. It is helpful to know your preference, for example, specific days, times, term time or full year. Placements will be allocated in line with Renfrewshire Council's early learning and childcare admissions policy.

**3. Child's Address**

This should be the address of the legal guardian. Only one address is acceptable. **Proof of residence will be asked for.**

**4. Parents/Guardians Names**

For this application form we only require the names of the child's legal guardian/s.

**5. Confirmation of the Child's Date of Birth**

Confirmation of the child's date of birth is required when applying for an early learning and childcare placement. The child's original birth certificate should be used. Photocopies are not acceptable.

**6. Confirmation of Benefits**

Proof of benefit/credit is required in the form of written confirmation from the benefits office/HM Revenue and Customs.

**7. Deciding on Priorities**

Where there is a shortage of provision, difficult choices must be made. Renfrewshire Council has agreed that there are some family circumstances which will give priority for admission. There are occasions when your child may be allocated a place at another establishment. Priorities for admission are outlined in the parents' leaflet on early learning and childcare admission which is available with your application form. Please give all relevant information that could affect your application. If your circumstances change while your child's name is on the register of applicants or once they have been allocated a place, please contact the early learning and childcare establishment.

.....  
**Renfrewshire Council - Children's Services**

**Receipt of an application form to:**

(name of establishment) \_\_\_\_\_

**This is to acknowledge receipt of an application from:**

Parent: \_\_\_\_\_

Child: \_\_\_\_\_

Address: \_\_\_\_\_

Head of Establishment: \_\_\_\_\_

Date: \_\_\_\_\_

**Renfrewshire Council: Children's Services**  
**Application Form for a Place in an Early Learning and Childcare Establishment**  
**(Local Authority and Approved Funded Providers Including Childminders)**



**To be completed by the establishment:**

			Confirmation of benefit/credit/education status	<input type="text"/>	
Application received	<input type="text"/>	School year	<input type="text"/>	Panel date	<input type="text"/>
Birth certificate or passport number	<input type="text"/>	Request for assistance requested	<input type="text"/>	Proposed priority	<input type="text"/>
Proof of address	<input type="text"/>	SIMD Priority area	<input type="text"/>	Confirmed priority	<input type="text"/>
Sessions offered	<input type="text"/>	Split place	<input type="text"/>	Entry date	<input type="text"/>

**ESTABLISHMENT PREFERENCE**

Please identify your choice/s of early learning and childcare establishment (**local authority and/or approved funded providers including childminders**) in order of preference 1st, 2nd, 3rd.  
**Please note only one application is required. However, if you make application to any other establishment your most recent application will be deemed as your preferred choice.**  
 We will try to accommodate your preferences, but this is not always possible, and you may be offered an alternative establishment or sessions.

1st establishment name	2nd establishment name	3rd establishment name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**PERSONAL DETAILS**

Full Name of Child:	<input type="text"/>				
Date of Birth:	<input type="text"/>	Male	<input type="text"/>	Female	<input type="text"/>
Address	<input type="text"/>				
Post Code:	<input type="text"/>				
Contact Telephone Numbers:	<input type="text"/>				

**PLACEMENT PREFERENCE**

Please indicate your preferred patterns of attendance. You must make at least **two choices** in the relevant boxes below. Please note, we aim to ensure preferred choices are allocated however there is no guarantee of this. **It may be helpful to speak to the Establishment Head to clarify the options available.**

**Early Learning and Childcare – Term Time Placement**

School Day Model e.g. Monday – Friday 9am-3pm (6 hours per day during term time)

Please state 1,2 or 3 to indicate order of preference

**Early Learning and Childcare – All Year Round/Extended Day Placement**

e.g. Morning/afternoon session between 8am-1pm/1pm-6pm for 48 weeks; 2.5 days placement for 48 weeks; extended day placement up to 10 hours.

Please state 1,2 or 3 to indicate order of preference

Please state your preferred specific times in the table below:

	Monday		Tuesday		Wednesday		Thursday		Friday	
	Start	End	Start	End	Start	End	Start	End	Start	End
AM (Hours)										
PM (Hours)										
Full Day (Hours)										

**Early Learning and Childcare – Blended Model**

Please state 1,2 or 3 to indicate order of preference

Please indicate if you wish to use more than one provider (e.g. local authority, funded provider or childminder) to access your child's early learning and childcare entitlement. Please specify the providers:

Name:

Name:

**Wraparound Hours (Renfrewshire Council Only)**

Optional Additional Hours – in addition to the entitled hours of early learning and childcare.

Please specify your preferred specific times in the table below.

(Please note that this will incur wraparound charges)

	Monday		Tuesday		Wednesday		Thursday		Friday	
	Start	End	Start	End	Start	End	Start	End	Start	End
AM (Hours)										
PM (Hours)										
Full Day (Hours)										
Term Time										
Full Year (50 weeks)										

**Parents/Guardian**

1 <sup>st</sup> Contact		2 <sup>nd</sup> Contact	
Address		Address	
Times of Work		Times of Work	
Daytime tel.		Daytime tel.	
Mobile tel.		Mobile tel.	
E-mail		E-mail	

**ADDITIONAL INFORMATION****Please tick if in receipt of:**

Asylum Seeker	<input type="checkbox"/>	Job Seekers Allowance	<input type="checkbox"/>	Maximum Child Tax Credit & Maximum Working Tax Credit	<input type="checkbox"/>
Employment and Support Allowance	<input type="checkbox"/>	Child Tax Credit	<input type="checkbox"/>	Support Under Part VI of the Immigration and Asylum Act 1999	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>	State Pension Credit	<input type="checkbox"/>	Incapacity or Severe Disablement Allowance	<input type="checkbox"/>

**Please tick if applicable:**

Asylum Seeker	<input type="checkbox"/>	Refugee	<input type="checkbox"/>	Premature Baby Below 30 weeks	<input type="checkbox"/>
No permanent address	<input type="checkbox"/>	Military family	<input type="checkbox"/>		<input type="checkbox"/>
Parent under 16 in full time education	<input type="checkbox"/>	Premature Baby 30-36 weeks	<input type="checkbox"/>		<input type="checkbox"/>

**Names and ages of other children in family (please list)**

--

**Please state professional agencies involved with your family.**

<b>GP</b>		<b>Health Visitor</b>	
Contact Person:		Contact Person:	
Address:		Address:	
Telephone No.		Telephone No.	

Please tick appropriate box:

	Yes	No
Does your child have any long-term illness, medical condition or disability?		
If yes, has there been a professional assessment identifying a disability?		
If yes, can you provide copies of professional assessment?		

**Additional information in support of the application**

	Yes	No
Do you feel your child needs a priority place? (Please refer to the parent's leaflet on admissions)		
If yes, please state the reason(s) for priority place. You can also discuss your reasons with the Head of Establishment who will be happy to assist you.		

**Equality Information**

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 and helps us to plan services.

Ethnic background	
What language(s) does your child speak?	
National Identity	
Religion	

## Declaration of Parent/Guardian

I declare that the above is a statement of my circumstances. If required I give permission for the person(s) named above to be contacted about this application.

Data Protection: The information provided by you will be used for the purpose of planning Early Learning and Childcare provision and they will be used for the purposes of the Council's public functions. The Council may check your details with other information held and may share these with other council services and other local authorities to check the accuracy of the information and to prevent and detect fraud or crime or to protect public funds.

Further information on how the Council handles your personal information can be found on [www.renfrewshire.gov.uk/article/2201/privacy-policy](http://www.renfrewshire.gov.uk/article/2201/privacy-policy)

If your child currently attends a nursery outside the Renfrewshire Council area, we would also seek access to the education records for your child from that education authority. By signing the form below, you consent to Renfrewshire Council Children's Services receiving a copy and access to your child's current educational record held by that education authority.

If you require further information on how the Council will process your application, information on schools or help with completion of this application form please contact: 0300 300 0160. Frequently asked questions can also be found at [www.renfrewshire.gov.uk](http://www.renfrewshire.gov.uk)

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_