

**For ELC setting use only:**

Date application complete:	
Category Assigned:	
Funded ELC Start Date:	
Date added to NAMS:	

Early Learning and Childcare (ELC) Application

- This form should be completed to register for funded ELC hours at a new ELC setting in Argyll and Bute.
- Two valid [supporting documents](#) (child birth certificate copy & applicants proof of address) must be shown to complete your application.
- **You must inform the ELC Setting if your child has previously attended ELC in Scotland to ensure continuity of records.**

The form requests important information, necessary for the safety and wellbeing of your child at ELC. Argyll and Bute Council have a legal responsibility to ensure that this information is up-to-date. The information that you provide will ensure we continue to offer an education service that meets the needs of all children and young people and that your child's legal rights in ELC are recognised. The child's general legal rights are listed in the Children (Scotland) Act 1995, the Equality Act 2010 and in the European Convention on Human Rights.

Current data protection legislation requires us to publish Privacy Notices to tell you why and how we will process your information. This form is covered by the Education – General Privacy Notice

<https://www.argyll-bute.gov.uk/privacy/education-general>

If you require the form or Privacy Notice in an alternative format, please contact Argyll House, 91 Alexandra Parade, Dunoon, Argyll, PA23 8AJ argyllhouseintake@argyll-bute.gov.uk

Application to (name of ELC Setting): _____

Previous ELC setting (if applicable): _____

Section 1: Child's Personal Details

Forename (as per birth certificate)		Surname (as per birth certificate)	
Known as		Date of Birth (DD/MM/YYYY)	
Home Address			
Postcode		Gender (M/F)	

Section 2: Contact Information

1. Throughout this application, the word 'parent' includes the child's carer or legal guardian.
2. The mobile for the Parent 1 may be contacted by SEEMiS Text Messaging Service.
3. When a child is ill or hurt, we will make contact as per order below in the first instance. The nominated emergency contact must also be able to collect your child from the ELC setting.

	Parent 1 (Primary Contact)	Parent 2 (or Secondary Contact)
Relationship to child i.e. Mother/Father/guardian		
Title (Mr, Mrs, Mx, Miss etc)		
Forename		
Surname		
Address (tick if same as child)		
Postcode		
Daytime Telephone (optional)		
Mobile Number		
Email address		

	Additional emergency contact (must be different from 1 & 2)
Relationship to child i.e. Mother/Father/guardian	
Title (Mr, Mrs, Mx, Miss etc)	
Forename	
Surname	
Daytime Telephone (optional)	
Mobile Number	
Email address	

Section 3: Health Information

It is your responsibility to:

- Inform the ELC setting if your child develops any contagious or infectious disease(s).
- Discuss dispensing of any medication.
- Advise of all health issues (medical staff do not pass information to the ELC setting).

	Yes (please provide detail)	No
Does your child have any long term illness/condition/disability/additional support needs?		
If yes, do they have a 'Child's Plan'?		

	Yes (please provide detail)	No
Does your child have any allergies e.g nuts?		
GP Practice Name & Town		

Care Experienced Children

A child is care experienced when:

- He or she is the subject of a supervision requirement at home, with relatives or friends in accommodation (i.e. foster/residential care or residential schools).
- He or she is accommodated by the Council under section 25 of the children (Scotland) Act 1995
- He or she is the subject of an order, authorisation or warrant in relation to a place of safety, child protection order or permanence order.

Is your child Care Experienced?

- ☐ Yes
- ☐ No

Section 4: Early Learning and Childcare Provision

	Name of ELC Setting
1 st choice	
2 nd choice	
3 rd choice	

Are you requesting a blended placement? (*funded hours across more than one ELC setting*)

- ☐ Yes – I will complete this form with each ELC setting.
- ☐ No

Will a child in the same household attend this ELC setting or attached primary, in the academic year this application is for?

- ☐ Yes
- ☐ No

Funded Early Learning and Childcare Hours Requested

Please note the times you wish your child to attend for funded ELC hours, in line with the settings pattern of provision. You can view this on their [Childcare Provider](#) page.

	Mon	Tues	Wed	Thurs	Fri
AM					
PM					
Full Day					

**Whilst Early Years aims to be aware of parents' needs and would wish to be supportive in meeting parents' requirements, it will not always be possible to offer the first choice ELC setting or hours.*

Section 5: Additional Information**Asylum Status** – please tick the relevant category, if applicable:

- ☐ Asylum Seeker
- ☐ Refugee

Main Home Language – please advise the main language spoken at home:

Section 6: Declaration of Applicant

1. I declare that to the best of my knowledge the information given is correct.
2. I will notify the ELC setting of any changes to the above information.

Signature: _____ Print Name: _____

Section 7: Heritage Information

The information in this section is not required for us to provide your child with Early Learning & Childcare, therefore you have the choice not to complete this. Argyll and Bute Council is committed to ensure we provide equality of opportunity and eliminate discrimination. Your responses to the information below will help us meet our legislative requirements under the Equalities Act 2010.

Ethnic Background - Ethnic Origin (please circle)

White Scottish	African – African/Scottish/British	Caribbean or black – Other	Not Disclosed
White Other	Asian – Indian/British/Scottish	Caribbean or black – Caribbean/British/Scottish	Not Known
White Gypsy/Traveller	Asian – Pakistan/British/Scottish	Asian – Bangladeshi/British/Scottish	
White – Other British	Asian – Chinese/British/Scottish	African -Other	
White - Polish	Mixed or multiple ethnic groups	Other- Arab	

Child's Religion (please circle)

Buddhist	Christian	Hindu	Jewish	Muslim
Sikh	Not Disclosed	Other	Not Known	None
Other – please detail:				

National Identity (please circle)

Scottish	English	Northern Irish	Welsh	British	Not Disclosed	Not Known
Other – please detail:						

Armed Forces Personnel Only:

Completing this section may allow the Council to apply for a grant from the MOD to help support ELC settings/schools who have children whose parent/carers are Armed Forces.

If a parent is currently serving, or has previously served in the Armed Forces complete as below:

<input type="checkbox"/> Regular	<input type="checkbox"/> Reserve	<input type="checkbox"/> Veteran
<input type="checkbox"/> I do not wish to disclose this information.		