**Early Learning and Childcare**

 **Funded Provider**

**NAMS Application Completion Advice Notes for Parents/Carers**

You have requested an application form for entry to a Funded Provider. This information is to assist you in completing the form.

**GENERAL INFORMATION**

* The completed forms should be submitted directly to the **Funded Provider.**
* You will need to take your child’s Birth Certificate with this form to the Funded Provider.
* If any changes occur to this information after you have submitted the form, please inform the Funded Provider that you submitted the form to.
* This application is for your chosen Funded Provider only. You can choose any setting for your funded sessions; a private nursery, a Local Authority nursery, a playgroup or childminder.The Scottish Government has advised against the use of a blended model of childcare currently. This is to minimize the risk of virus transmission between settings. This means that you should choose one setting which you wish your child to attend for their early years’ placement.
* Funding Eligibility Dates of Birth

|  |  |  |
| --- | --- | --- |
| Term 1 -  August 2020 | 1 March 2017 to 30 September 2017 (please note pupils cannot start until after their 3rd birthday) | August 2020 |
| Term 2 – January 2021 | 1 October 2017 to 31 December 2017 | 7 January 2021 |
| Term 3 – April 2021 | 1 January 2018 to 28 February 2018 | 20 April 2021 |

**COMPLETING THE APPLICATION FORM**

**PART 1 - CHILD DETAILS**

You should provide all of the information requested about your child in this section.

**PART 2 – CONTACT DETAILS**

A parent/carer should take responsibility for completing the application and you need only complete the address if it is different from the child’s details. Additionally, an extra contact can be detailed. Please detail emergency contacts in this section.

**PART 3 – WHICH FUNDED PROVIDER DO YOU WISH YOUR CHILD TO ATTEND**

This application form is for confirmed places at a Funded Provider only. If you wish to register your child with another provider, you must complete a new form at the setting of your first choice. Currently children are unable to attend more than one early learning and childcare setting.

**PART 4 – CHILD HEALTH INFORMATION**

We do not need to know about normal childhood ailments your child has had. We are interested in ongoing health problems requiring continuing treatment. If you have answered YES please give details.

**PART 5 – DOCTORS DETAILS**

Please provide details of your child’s registered doctor. If the health board of your doctor is NOT Lothian, please indicate in this section here.

**PART 6 – CONCERNS AND PART 7 – DIETARY REQUIREMENTS**

Please provide details of any concerns you may have about your child and any dietary requirements they might have.

**PART 8 – ETHNIC BACKGROUND**

We have to collect information on ethnic origin. This makes sure that no group is disadvantaged and that we meet the needs of all the children.

**PART 9 CHILD’S RELIGION, 10 NATIONAL IDENTITY AND 11 ASYLUM STATUS**

Please tick the relevant boxes.

**PART 12 – MAIN HOME LANGUAGE**

Please enter the main language spoken at the child’s home (e.g. “English”)

**PART 13 – ADDITIONAL INFORMATION**

If you feel there is additional information which might assist please complete this section.

**PART 14 – MARKETING INFORMATION**

Please tell us how you became aware of the application process. This is so we can improve the effectiveness of advertising for parents and carers.

**PART 15 – INTENDED PRIMARY**

Please indicate the school at which you currently intend to enrol the child at for P1 (Primary) when they are old enough. Please note, placement in a primary school is based on home address and pupils who attend a nursery school or class are not guaranteed a place if they do not live within the school’s catchment area.

**PART 16 – EMAIL CONSENT**

Please indicate you are happy to be contacted via email, by the Partner Nursery and East Lothian Council when necessary, by completing your email details in this section.

**PART 17 - DECLARATION**

Please sign and date your application, acknowledging your commitment to provide accurate and up to date information.

**PART 18 - OFFICE USE ONLY**

Please leave this section blank – it will be completed by the Funded Provider once they receive the form.