**Early Learning and Childcare**

**Funded Provider**

**NAMS Application Form**

NOTE: *Please read the Completion Advice Notes to assist you in completing this form.*

*Completed forms should be returned to the Funded Provider with a copy of your child’s Birth Certificate.*

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| The information you provide below, is stored and processed electronically. Your data is processed on behalf of East Lothian Council as part of the discharge of the Authority’s functions relating to its public task. Your data is processed in accordance with the Data Protection Act 2018. For more information about how and why we use your personal data, please visit [www.eastlothian.gov.uk/enrolment](http://www.eastlothian.gov.uk/enrolment) | | | | | | |
| 1. **Child Details** | | | | | | |
| Forename(s) |  | | Known As | |  | |
| Surname |  | | | | | |
| Date of Birth |  | | Gender (M/F) | | | M 🞏 F 🞏 |
| Address |  | | | | | |
| Postcode |  |  | |  | | |

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| 1. **Contact Details** *Please provide details of up to 2 contacts* | | | |
| Contact 1 – Parent/Carer | | | |
| Title |  | | |
| Name |  | | |
| Address | *(if different to child’s):* | | |
| Postcode |  | Telephone No. |  |
| Relationship |  | Mobile No. |  |
| Emergency Contact | Yes 🞏 No 🞏 | Can Collect | Yes 🞏 No 🞏 |
| **\*\* For email details please see section 16 below \*\*** | | | |

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| Additional Contact 2 | | | |
| Title |  | | |
| Name |  | | |
| Address |  | | |
| Postcode |  | Telephone No. |  |
| Relationship |  | Mobile No. |  |
| Emergency Contact | Yes 🞏 No 🞏 | Can Collect | Yes 🞏 No 🞏 |
| Email address |  | | |

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| 1. **Which Funded Provider do you wish your child to attend?** |
| 1. |

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| **Child Health Information** |
| Does the child have any long-term illness, medical condition or disability? Yes 🞏 No 🞏  Not Disclosed 🞏  If yes, please give a brief description**:** |
| Has there been a professional assessment confirming disability ? Yes 🞏 No 🞏  Can you provide copies of professional assessment ? Yes 🞏 No 🞏 |

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| 1. **Doctor Details** | | | |
| Health Board: | Lothian | Practice |  |
|  | *(amend if incorrect)* | Address |  |
|  |  |
|  |  |
|  |  | Post Code |  |
|  |  | Telephone No. |  |

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| 1. **Concerns** | | **Please add details of any concerns about your child (mark “Yes” or “No” for each category):** |
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| Sight | Y / N |  |
| Hearing | Y / N |  |
| Speech/Language | Y / N |  |
| Coordination and movement | Y / N |  |
| Behaviour | Y / N |  |
| Toileting | Y / N |  |
| Involvement of Educational Psychologist | Y / N |  |
| Involvement of Social Worker | Y / N |  |
| Other | Y / N |  |

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| 1. **Dietary Requirements** |
| Any Special Dietary Requirements Yes 🞏 No 🞏  If yes, please provide details below |

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| **Ethnic Background** | | | | | |
| Please tick the **one** category. | | | | | |
| African – African/British/Scottish | 🞏 | Caribbean or Black - Caribbean/British/Scottish | 🞏 | White - Gypsy Traveller | 🞏 |
| African – Other | 🞏 | Caribbean or Black - Other | 🞏 | White – Irish | 🞏 |
| Asian - Bangladeshi/British/Scottish | 🞏 | Mixed or multiple ethnic groups | 🞏 | White – Other | 🞏 |
| Asian - Chinese/British/Scottish | 🞏 | Not Disclosed | 🞏 | White - Other British | 🞏 |
| Asian - Indian/British/Scottish | 🞏 | Not Known | 🞏 | White - Polish | 🞏 |
| Asian – Other | 🞏 | Other Arab | 🞏 | White - Scottish | 🞏 |
| Asian - Pakistani/British/Scottish | 🞏 | Other – Other | 🞏 |  |  |
| If you have ticked one of the ‘Other’ boxes for any of the above ethnic origins, please enter the specific ethnic origin here: - | | | | | |

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| **Childs Religion - Please tick any religious affiliation below** | | | | | |
| Buddhist | 🞏 | Muslim | 🞏 | Other (please specify) | 🞏 |
| Christian | 🞏 | None | 🞏 | Sikh | 🞏 |
| Hindu | 🞏 | Not Disclosed | 🞏 |  |  |
| Jewish | 🞏 | Not Known | 🞏 |  |  |
| If you have ticked the ‘Other’ box please enter the specific religion here: | | | | | |

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| **National Identity** - Please tick the **one** category. | | | | | |
| British | 🞏 | Not Disclosed | 🞏 | Scottish | 🞏 |
| English | 🞏 | Not Known | 🞏 | Welsh | 🞏 |
| Northern Irish | 🞏 | Other (please specify) | 🞏 |  |  |
| If you have ticked the ‘Other’ box please enter the specific National Identity here: | | | | | |

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| **Asylum Status** - Please tick the **one** appropriate category, if applicable. | | | |
| Asylum Seeker | 🞏 | Refugee | 🞏 |

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| 1. **Main Home Language –** Please detail the main language spoken at the child’s home (e.g. “English”): |
|  |
| **Additional Information to support application** |
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| 1. **Marketing Information** |
| To assist us in our marketing strategies please tick one of the following boxes indicating how you were informed of the application process |
| How did you hear about this nursery? Please select all which apply |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Local Press | 🞏 | Local Primary School | 🞏 | Council buildings (libraries, community centres etc) | 🞏 | Other | 🞏 | | National Press | 🞏 | From Nursery | 🞏 | Friends/Relations | 🞏 |  |  | |

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| 1. **Intended Primary** *– please state the primary school you are intending to enrol the child at, for their P1 year***. *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.*** | | | | | |
| Local Authority Primary (please state) | 🞏 | Non Local Authority Primary (please state) | 🞏 | Unknown | 🞏 |

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| **16. Email Consent** |
| One of the ways in which your Funded Provider and East Lothian Council like to communicate with parents is via e-mail.  If you are happy to receive correspondence from both your Nursery and East Lothian Council in this way, please complete the fields below.  Please note – once you have consented and provided email details below, those details move with the pupil record to their next school in East Lothian, unless you withdraw your consent.  Name of Parent/Carer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you change your mind at any point in the future about being contacted by email, please contact the  school office to make any changes. |

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| 1. **Declaration** | | | |
| **I verify that the information I have provided in this application form is correct and I agree to notify the Funded Provider immediately of any changes which may affect my child’s funded early education and childcare.**  **I give permission for the information held on this form to be shared with the Funded Provider and the administrators of Funded Provider Payments within the Education Service of East Lothian Council. This information will be used to make payments to the Funded Provider for early education and childcare. I understand information provided in regard to funding at another Nursery may be verified by East Lothian Council.** | | | |
| Signed |  | | |
| Print Name |  | Date |  |

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| *Identification: Enter Birth Cert Number or Passport Number if not available* | | | | | |
| *1)* | | *Birth Certificate Number (e.g.“ 123 / 20\_\_ / 123”):* | | | *\_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_* |
| ***I am countersigning the form on behalf of the Partner Nursery and confirm that the details on it are accurate:*** | | | | | |
| *Signature:* |  | | *Date:* |  | |

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| 1. ***OFFICE USE ONLY*** | | | |
| *Date Application entered on NAMS:* |  | *Entered by:* |  |
| *Proof of Birth Date seen* | Yes 🞏 No 🞏 | *Expected Start Date:* |  |