



Renfrewshire
Council

Education and Leisure Services

EARLY YEARS SERVICES APPLICATION FORM FOR A PLACE IN A NURSERY ESTABLISHMENT

Please identify your choice/s of establishments in order of preference 1st, 2nd, 3rd.
Please note only one application is required.

1st Establishment Name _____

Place Requested

2nd Establishment Name _____

(AM/PM / FT Please Specify)

3rd Establishment Name _____

or

State Specific days:

4th Establishment Name _____

.....

Full name of child:

Date of Birth:.....

Sex: Male ? Female ?

Address:

Post Code..... Telephone No.:

Parents/Guardians

Mother's Name:- Father's Name:-.....

Address:-.....Address:-.....

.....

Please provide details if you are in full/part time work or education?

Name of Employer/College

Mother:- Father:-

Address:- Address:-.....

.....

Times of work:-.....

Day Time Tel No:-.....

Please tick if in receipt of : Income Support ?
Income based Job Seekers Allowance ?
Working Family Tax Credit ?

For office use
Application rec'd
Confirmation of date of birth - Yes / No
Referral requested.....
.....
Referral received.....
.....
Proposed band.....
Priority Area Yes/No
School Entry Date
.....
Panel date.....
Panel date.....
Panel date.....
Confirmed band.....
Session offered.....
Entry date.....

Names and ages of other children in family;

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Please State Professional Agencies Involved With Your Family

1. Health Board

Contact person:

Address:

Telephone No

G.P:

Address:

Telephone No

2. Social Work

Contact person:

Address:

Telephone No

G.P:

Address:

Telephone No

3. Psychological Services

Contact person:

Address:

.....

Telephone No

4. Other

Contact person:

Address:

.....

Telephone No

Do you feel your child needs a priority place YES/NO?

(please refer to the parents leaflet and delete as appropriate)

If yes, please state reason for a priority place and / or feel free to discuss your reasons with the head of establishment who will be happy to assist you.

N.B. Priority applications require a referral from a professional agency.

Declaration of Parent/Guardian

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

Data Protection Act 1998: The information provided by you will be used for the purposes of planning of the pre-five provision. Some of the information may be stored on computer file. The Council may check information provided by you with other information held. The information may need to be shared with other Council departments Social Work, Health, Psychological Services to check the accuracy of the information; to prevent or detect fraud or crime or to protect public funds in other ways.

Signature of Parent/Guardian Date: