

# 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.

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 <input type="checkbox"/> F <input type="checkbox"/>
Address			
Postcode			

#### 2. Contact Details *Please provide details of up to 2 contacts*

##### Contact 1 – Parent/Carer

Title			
Name			
Address	<i>(if different to child's):</i>		
Postcode		Telephone No.	
Relationship		Mobile No.	
Emergency Contact	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can Collect	Yes <input type="checkbox"/> No <input type="checkbox"/>

**\*\* For email details please see section 16 below \*\***

Additional Contact 2			
Title			
Name			
Address			
Postcode		Telephone No.	
Relationship		Mobile No.	
Emergency Contact	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can Collect	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email address			

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

4. Child Health Information	
Does the child have any long-term illness, medical condition or disability? If yes, please give a brief description:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Disclosed <input type="checkbox"/>
Has there been a professional assessment confirming disability ? Can you provide copies of professional assessment ?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Doctor Details	
Health Board: Lothian <i>(amend if incorrect)</i>	Practice Address  Post Code Telephone No.

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

7. Dietary Requirements	
Any Special Dietary Requirements	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details below	

8. Ethnic Background		
Please tick the <b>one</b> category.		
African – African/British/Scottish <input type="checkbox"/>	Caribbean or Black - Caribbean/British/Scottish <input type="checkbox"/>	White - Gypsy Traveller <input type="checkbox"/>
African – Other <input type="checkbox"/>	Caribbean or Black - Other <input type="checkbox"/>	White – Irish <input type="checkbox"/>
Asian - Bangladeshi/British/Scottish <input type="checkbox"/>	Mixed or multiple ethnic groups <input type="checkbox"/>	White – Other <input type="checkbox"/>
Asian - Chinese/British/Scottish <input type="checkbox"/>	Not Disclosed <input type="checkbox"/>	White - Other British <input type="checkbox"/>
Asian - Indian/British/Scottish <input type="checkbox"/>	Not Known <input type="checkbox"/>	White - Polish <input type="checkbox"/>
Asian – Other <input type="checkbox"/>	Other Arab <input type="checkbox"/>	White - Scottish <input type="checkbox"/>
Asian - Pakistani/British/Scottish <input type="checkbox"/>	Other – Other <input type="checkbox"/>	
If you have ticked one of the 'Other' boxes for any of the above ethnic origins, please enter the specific ethnic origin here: -		

9. Childs Religion - Please tick any religious affiliation below		
Buddhist <input type="checkbox"/>	Muslim <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
Christian <input type="checkbox"/>	None <input type="checkbox"/>	Sikh <input type="checkbox"/>
Hindu <input type="checkbox"/>	Not Disclosed <input type="checkbox"/>	
Jewish <input type="checkbox"/>	Not Known <input type="checkbox"/>	
If you have ticked the 'Other' box please enter the specific religion here:		

10. National Identity - Please tick the <b>one</b> category.					
British	<input type="checkbox"/>	Not Disclosed	<input type="checkbox"/>	Scottish	<input type="checkbox"/>
English	<input type="checkbox"/>	Not Known	<input type="checkbox"/>	Welsh	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>		
If you have ticked the 'Other' box please enter the specific National Identity here:					

11. Asylum Status - Please tick the <b>one</b> appropriate category, if applicable.			
Asylum Seeker	<input type="checkbox"/>	Refugee	<input type="checkbox"/>

12. Main Home Language – Please detail the main language spoken at the child’s home (e.g. “English”):

13. Additional Information to support application

14. 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	<input type="checkbox"/>	Local Primary School	<input type="checkbox"/>	Council buildings (libraries, community centres etc)	<input type="checkbox"/>	Other	<input type="checkbox"/>
National Press	<input type="checkbox"/>	From Nursery	<input type="checkbox"/>	Friends/Relations	<input type="checkbox"/>		

15. Intended Primary – please state the primary school you are intending to enrol the child at, for their P1 year. <b>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.</b>					
Local Authority Primary (please state)	<input type="checkbox"/>	Non Local Authority Primary (please state)	<input type="checkbox"/>	Unknown	<input type="checkbox"/>

## 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.

## 17. 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

## 18. OFFICE USE ONLY

Date Application entered on NAMS:		Entered by:	
Proof of Birth Date seen	Yes <input type="checkbox"/> No <input type="checkbox"/>	Expected Start Date:	

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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