

## APPLICATION FOR NURSERY PLACE

Please complete all 3 choices and take this form to your **first choice nursery** along with the child's birth certificate or passport. Proof of address (Council Tax bill, utility bill, Tenancy Agreement, Signed Missives, Drivers Licence) is also required.



**Falkirk Council**  
Children's Services

FOR OFFICE USE ONLY			
Date of Application			
Category Number			
Proof of Address Seen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Birth Certificate Seen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Birth Certificate Number			

### CHILD'S DETAILS

<b>Forename(s)</b>		<b>Known As</b>			
<b>Surname</b>					
<b>Date of Birth</b> (eg 11/08/04)		<b>Gender</b>	<table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">F</td> </tr> </table>	M	F
M	F				
<b>Home Address</b> (This must be the address where the child is ordinarily resident)					
<b>Postcode</b>		<b>Tel No</b>			

<b>Name of Nursery</b>	<b>1st Choice</b>	<b>2nd Choice</b>	<b>3rd Choice</b>
<b>Previous Pre-Nursery Experience</b> , eg playgroup, nursery			

### PREFERRED SESSIONS

If you would like a mixed pattern of attendance please tick up to 5 boxes in the grid below.					
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Morning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Afternoon</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Please give reason for choice</b>					
Childcare is available in some Falkirk Council nurseries, there will be a charge for childcare. Your nursery education entitlement will be deducted from your bill. Please give an indication of why you need childcare, eg work, training, etc.					

### SIBLINGS (Please give details of any brothers or sisters of the child)

<b>Name</b>	<b>Date of Birth</b>
<b>Name</b>	<b>Date of Birth</b>
<b>Name</b>	<b>Date of Birth</b>

**MOTHER'S DETAILS**

<b>Title</b>	<b>Forename</b>	<b>Surname</b>			
<b>Home Address</b>					
Can you be contacted in an emergency during the day?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Name of Workplace</b>		
<b>Daytime Tel No</b>			<b>Mobile No</b>		
<b>Home E-Mail Address</b>					
<b>Can Collect:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

**FATHER'S DETAILS**

<b>Title</b>	<b>Forename</b>	<b>Surname</b>			
<b>Home Address</b>					
Can you be contacted in an emergency during the day?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Name of Workplace</b>		
<b>Daytime Tel No</b>			<b>Mobile No</b>		
<b>Home E-Mail Address</b>					
<b>Can Collect:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

**OTHER RELEVANT CONTACTS** (please list anyone who comes into this category not already mentioned, even if not living at child's home address)

<b>Relationship</b>	<b>Title</b>	<b>Forename</b>	<b>Surname</b>						
<b>Address</b>									
<b>Postcode</b>			<b>Home Tel No</b>						
<b>Daytime Tel No</b>			<b>Mobile No</b>						
<b>Can Collect:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			<b>Emergency Contact:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

<b>Relationship</b>	<b>Title</b>	<b>Forename</b>	<b>Surname</b>						
<b>Address</b>									
<b>Postcode</b>			<b>Home Tel No</b>						
<b>Daytime Tel No</b>			<b>Mobile No</b>						
<b>Can Collect:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>			<b>Emergency Contact:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

**NOTE:** You should only include contact details of persons who have agreed in advance to act as an emergency contact. In the event of an emergency, every effort will be made to contact you. If your child requires medical treatment but is not considered by the doctor or medical practitioner attending him/her to have sufficient understanding to give consent, then you will be asked to give your consent on their behalf. In terms of the Age of Legal Capacity (Scotland) Act 1991, children under 16 years of age can consent on their own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending him/her, he/she is capable of understanding the nature and possible consequences of the procedure or treatment.

## CHILD'S HEALTH INFORMATION

Does your child have any long term illness, medical condition or disability? Yes  No

(If yes, please give details including medication taken and allergies and complete page 6)

**ADDITIONAL SUPPORT** (Please tick as appropriate) if your child has support from any of the following

Educational Psychologist	<input type="checkbox"/>	Speech & Language	<input type="checkbox"/>
Clinical Psychologist/Psychiatrist	<input type="checkbox"/>	Therapist Sensory	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	Impairment Service	<input type="checkbox"/>

<b>Name of Child's Doctor</b>		<b>Tel No of Doctor</b>	
<b>Name of Medical Practice</b>			
<b>Name of Child's Health Visitor</b>		<b>Tel No of Health Visitor</b>	

## DIETARY REQUIREMENTS

Any special dietary requirements: Yes  No

If yes, please provide details:

**Ethnic Background** (Please tick only one of the following categories that you feel best describes the ethnic background of your child. For example, a child born in Scotland with Bangladeshi parents should be entered as Asian Bangladeshi)

White UK	<input type="checkbox"/>	Asian Chinese	<input type="checkbox"/>	Other Traveller	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Mixed	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>	Not disclosed	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Asian Other	<input type="checkbox"/>	Not Known	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	Occupational Traveller	<input type="checkbox"/>	Other (please give details)	<input type="checkbox"/>
Asian Bangladeshi	<input type="checkbox"/>	Gypsy Traveller	<input type="checkbox"/>		

**Religion** (Please tick only one of the following categories that you feel best describes the national religion of your child)

Buddhist	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	No Religion	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Not known or not divulged	<input type="checkbox"/>
Other (Please give details)	_____				

**National Identity** (Please tick only one of the following categories that you feel best describes the national identity of your child)

Scottish	<input type="checkbox"/>	Welsh	<input type="checkbox"/>	Refugee	<input type="checkbox"/>
English	<input type="checkbox"/>	British	<input type="checkbox"/>	Not Disclosed	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>	Asylum Seeker	<input type="checkbox"/>	Not known or not divulged	<input type="checkbox"/>
Other (Please give details)	<input type="checkbox"/>	_____			

## LANGUAGE

### Languages Spoken

**Main Language:**

**Other Language:**

## ADDITIONAL INFORMATION TO SUPPORT APPLICATION

**Additional text:**

**Intended Primary School**

## DECLARATION

I confirm that only one Falkirk Council application for a nursery place has been submitted for my child.

I declare the information on this form to be correct to the best of my knowledge and that the address I have given for my child is the address at which they are ordinarily resident. My child lives at this address with me and I am the parent/carer/legal guardian. The address I have given is **not** the address of a friend, relative, business or any other type of address. I understand that the information I have given on this form may be checked with previous nurseries, my child's GP, the Council Tax Register, the Voters Roll, Housing Services and the Assessor for Central Scotland.

## PRIVACY STATEMENT

For the purposes of Education Administration, Falkirk Council will process the information collected on this form and may share it with the following: Healthcare; social and welfare advisers or practitioners; education, training establishments; examining bodies; suppliers; providers of goods or services; financial organisations and advisers; survey research organisations; trade, employer associations and professional bodies; police forces; other local authorities; voluntary and charitable organisations; religious organisations; Careers Scotland; Scottish Executive (including ScotXed); Reporter to the Children's Panel and also for the administration of the Young Scot Card.

Further information on Falkirk Council's data protection and data sharing can be found at

[www.Falkirk.gov.uk/privacy/schools-education](http://www.Falkirk.gov.uk/privacy/schools-education)

**Signed:**

Parent/Guardian

**Date:**

**PARENTAL CONSENT FORM** (Please complete all sections and sign where indicated)

Internet/E-mail Acceptable Use Policy

As the parent/legal guardian of the child named below, I agree to ensure that they will use the Internet access provided by Falkirk Council appropriately.

Yes  No

Educational Excursion

I give permission for my child to take part in any excursion and activities organised by this school or Children's Services. Typical examples of activities (while not exhaustive) would include visitor attractions, outdoor activities, swimming etc.

Yes  No

Photography/Video Permission (Please tick one box)

I agree to allow my child to be photographed or video-recorded in connection with all nursery activities. (The copyright in such photographs belongs to the photographer involved and not the school or Falkirk Council).

Yes  No

School/Nursery Website (Please only tick one box)

I agree to allow my child's photograph/video to be used on the school/nursery website.

Yes  No

Close Circuit Television (CCTV)

I understand and consent to the nursery/school employing CCTV to aid with the prevention of crime and improvement of public safety. In the event of there having been an incident at the nursery/school any CCTV footage taken of the incident (which might include film of my son or daughter) may be viewed by the senior management of the nursery/school in order to apprehend the culprits and prevent further incidents from occurring.

**Signed:**

Parent/Guardian

**Date:**

**Print Name:**

**Name of Child:**

**PLEASE TICK ALL MEDICAL CONDITIONS UNDER COLUMN A & NUMBER IN ORDER OF MEDICAL SEVERITY, IE 1, 2 ETC IN COLUMN B WHERE 1 IS THE MOST SEVERE MEDICAL CONDITION**

	A	B		A	B		A	B		A	B
Abscess			Bowel - Problem			Heart - Congenital Heart Disease			Phenylketonuria		
ADHD			Bowel - Stoma			Heart - Other			Physical Disability		
Albanism			Brain Disorder			Heart - Pacemaker			Physical/Motor Skills Impairment		
Allergy - Animal Hair			Brain Tumour			Heart - Periventricular			Post Traumatic Stress Disorder		
Allergy - Bananas			Bronchiectasis - Lung			Heart Condition			Prader-Willi Syndrome		
Allergy - Citrus			Bronchmalasia			Heart condition - coortation of the			Pulmonary Stenosis		
Allergy - Dust Mites			Cancer			Heart Defect			Pulmonary Valve Stenosis		
Allergy - 'E' Colourings			Cerebral Palsy			Heart Operations			Pulmonary Vein Abnormality		
Allergy - Eggs			Coeliac Disease			Heart Problem - Aortic Stenosis			Raynauds Syndrome		
Allergy - Face Paint			Colitis			Heart Problem – Hole in the Heart			Reflex Anoxic Seizures		
Allergy - Latex			Conduct Disorder			Heart Problem - Murmur			Respiratory Problems/Breathing		
Allergy - Nut			Congenital Adrenal			Heart Problem - SVT			Rheumatic Fever (Sydenhams		
Allergy - Other			Crohns Disease			Henoch-Scholein Purpura			Seizures		
Allergy - Paracetamol			Croup			Hernia			Sever's Disease		
Allergy - Penicillin			Cystic Fibrosis			Hypermobility			Skeletal Disorder		
Allergy - Plasters			Dental			Impaired Mobility			Skeletal Dysplasia		
Allergy - Shellfish			Depression			Kidney Problem			Skin Complaint - Eczema		
Allergy - Strawberries			Development Disorder			Lactose Intolerance			Skin Complaint - Other		
Allergy - Wasp/Bee			Diabetes			Leukaemia			Skin Complaint - Psoriasis		
Allergy - Wheat			Dispraxia			Liver Problem			Speech Impairment		
Alopecia			Down's Syndrome			Lymphoblastic Leukaemia			Spina Bifida		
Anaphylactic Shock			Dyslexia			Metabolic Disorder			Sprengels Shoulder		
Anaphylaxis			Dyspraxia			Migraine			Stomach Migraine		
Anxiety			Eating Disorder			Multiple Sclerosis (MS)			Swallowing difficulty		
Arthritis			Epilepsy			Muscular Dystrophy			Syndrome		
Asperger's Syndrome			Fainting			Muscular-Other			Thyroid Disorder		
Asthma			Febrile Convulsions			Nose bleeds			Thyroid Hyperactivity		
Autism			Friedrichs Ataxia			Ocular Albinism			Tourettes Syndrome		
Autistic Spectrum			Funnelled Windpipe			ODD			Travel Sickness		
Axonal Neuropathy			Gastric Problem			Oesophageal Atresia			Ulcerative Colitis		
Bladder Problem			Genetic Disease/Disorder			Osgood Schlatters Syndrome			Urticaira - Skin condition		
Blood Disorder -			Glue Ear			Other			Vegetarian / Vegan		
Blood Disorder - HIV			Gluten Intolerance			Pain-General			Visual Impairment		
Blood Disorder - Other			Hay Fever			Panic Attacks			Vomitting Phobia		
Bowel - Irritable Bowel			Hearing Impairment			Perthes Disease			Walking Problem		

**Medication taken** (Please Detail)