Section C Confirmation

14	I confirm that the information I have given in this form is true and that any documents I enclose are genuine. I
	understand that the Local Authority will not correspond with or discuss this application with anyone other than
	me.

Your signature:	
Full name:	
Date:	

If you provide false information, we may withdraw any place we offer to you.

We will send you an acknowledgment letter once initial processing of your application is complete. If you have not received this within 4 weeks please contact us immediately. Please follow the instructions on the guidance notes for returning this form.

Data Protection

We will hold the information you provide on computer. Under the Data Protection Act 2018 you have the right to check the information we hold. If you want to do this, please contact Pupil Placement.

West Lothian Council collects and uses personal information about staff, pupils, parents or carers and other individuals who come into contact with the school. This information is gathered in order to enable it to provide education and other associated functions. West Lothian Council may share your data with external partners for the purposes of education, for example Scottish Qualifications Authority (SQA), Centre for Excellence & Monitoring (CEM) and the health & well-being of pupils, for example NHS Lothian. In addition, there may be a legal requirement to collect and use information to ensure that West Lothian Council complies with its statutory obligations.

For the full 'Privacy Notice' please go to page 4, of the 'Application Procedure' booklet included in this application pack.

IMPORTANT NOTE - There are TWO different forms for ELC provision:

- 1. Lilac in colour should only be completed if you think you may qualify, as you are in receipt of a qualifying benefit, for your child to attend from the intake after their 2nd birthday. Can be completed on-line at https://www.westlothian.gov.uk/twoyearoldapplication
- 2. Green in colour MUST be completed by all parents who wish to apply for their child to attend nursery from the intake after their 3rd birthday.

 Can be completed on-line at https://www.westlothian.gov.uk/preschoolapplication

(Both forms can be submitted to pupil placement from their child's second birthday)

For establishment or office use only

Review Date : February 2022 Review due : February 2023

a Application form

Received	Date	Initials	Copy record	Date
Establishment			Date copy sent to Pupil Placement	
Pupil			Date copy sent to establishment	
Placement			Date copy sent to ALN	

b Certificates

	Establishment		Pupil Placement	Date certificate			
	Date certificate seen	Initials	Date certificate seen	Initials	returned to parent		
					or carer		
Birth							
Eligibility							

TA/A1



Education Customer Support Team (Pupil Placement)

West Lothian Civic Centre Howden South Road Livingston West Lothian EH54 6FF

Tel 01506 280000 E-mail: pupilplacement@westlothian.gov.uk

Please write your answers in **BLOCK CAPITALS** using black pen.

Application for a Place in Pre-School [Early Learning & Childcare (ELC)] Provision – 2 YEAR OLD

(Applying to attend from intake after child's 2nd birthday(see Guidance Notes), applicant must qualify)

Section A Reference:

1 Child's details

5.

Last name						E:	ret n	ame						M	ddle	_				
						FI	3t I	aiiie												
Address and postcode																of bir	tn			
														Ма					nale	
														(PI	eas	e tick	as	app	ropriat	ie)
If the child is a twin/trip	let e	etc.	pleas	e ind	icate	by writ	ing	the ap	prop	riate ter	m									
our contact details																				
Your Last Name									Ŋ	our rela	tionsh	ip to	chile	d (i.e						
Your First Name									N	Mother, F	ather, e	tc)								
Your Address																				
(If different to child's)																				
Home phone No								Mobil	e pho	ne numb	er									
E-mail address																				
ooked after status																				
s the child looked after	as a	a re	sult o	of a c	hildre	n's he	arin	g or c	ourt	decision	า?					Yes	, L		No	
the child looked after	at h	ıom	e or	away	from	home	?								ı	Hom	e [Awa	ay
so, what is your relation	onsh	nip v	with t	he cł	nild (i	.e. par	ent,	foster	care	er, kinst	nip ca	er,	othe	er?)						
foster carer or kinship	ca	rer,	plea	se na	me t	he Aut	hori	ty that	has	placed	the c	hild	with	ı you	١.					
ocial Work Involvem	ent															_				
Social Work Involvem Does the child have an			ed So	ocial '	Work	er?				Yes			N	0						
oes the child have an			ed So	ocial '	Work	er?				Yes			N	0						
			ed So	ocial '	Work	er?			Y	Yes Your rela	tionsh	ip to								
Ooes the child have an Other Parent/Carer			ed So	ocial '	Work	er?														
Ooes the child have an			ed So	ocial '	Work	er?				our rela										
Ooes the child have an Other Parent/Carer Your Last Name Your First Name Your Address			ed So	ocial '	Work	er?				our rela										
Ooes the child have an Other Parent/Carer Your Last Name Your First Name			ed Se	ocial '	Work	er?		Mobil	N	our rela	ather, e									

A	Are there other children u	ınder 19 years old who l	ive with the child?		Yes No	0			Has your chi	d "Graduated" f	from the Family Nurse Part	nership (FN	P) Service?	Yes	No	
	If 'Yes' please fill in the fo	First name	Date of birth	Sex	School they are alr	ready at (if ar	ny) Year group		Name of ch	ild's doctor	Child's Health Visitor	Nam	e of surgery o	r health centre	Phone n	umber
	1 2 3 4 5								Sight	ild have difficuling Hearing se give details)	Ities with any of the followir	g? Epile	epsy Dia	abetes All	ergy	
	6							12.	Other inforn	nation						
7	Home language								Give below a	ny other inform	ation you want us to consid	der.				
,	What language do you no	ormally speak at home?							Please also (give details of a	ny additional support need	s your child	has.			
9	Other nurseries, playgr	oups and so on your c	hild has been to						lf necessary, attach.	attach an extra	a sheet. Remember to put	your child's	name and date	of birth on any a	dditional sh	eets you
1	In the table below, please	e give details of any othe	er type of pre-scho	ool your o	child goes to or has go	ne to.										
L	Pre-school Private nursery	Name of establis	hment or person		Date from:		Hours a day									
	Other (i.e. childminder,															
	playgroup)															
Secti Appli	on B ication details															
9	Preferred pre-school pl	acement														
,	Would you prefer a place	ment with a childminder	, a council nurser	y or a pla	aygroup? (Please rank	c choices1st, 2	nd and 3 rd)	13	Proof of elig	ibility						
Π	Preferred Placement		Cho	oice (Ple	ease rank choices1st, 2	2 nd and 3 rd)		You n	nust provide	a copy of your c	child's Birth Certificate and	proof of elig	ibility for a qual	ifying benefit.		
-	Childminder							Do no	ot send origi	nals, photocopi	ies or electronic copies a ents should include	re acceptab	ole, however th	e document(s)	must be rea	adable. Birth
,	Council Nursery										port number, Please tell us				and birtin	oor unouto
	Playgroup							Proof Birth	of Date of	Provide doc	cument specific informati	on as requi	red below:		te if photo being prov	
									Certificate	District No	Year No	Passport	Entry No			
10	Preferred location of pr	e-school placement						Passr	JOIT	Country Issued		No				
,	Which areas would you	consider for your pre	-school placeme	nt? (i.e.	Broxburn, Winchburg	gh, South Liv	ingston)	which to see	shows your	name and addr	enefit award letter, or if pro ess and the assessment po s below £625 per month, as	eriod, then v	ve also require	screen shots of t	he full dedu	ction section
								Bene Docu		State the Nam being provide	ne of the benefit that the o	documenta		Indicate if photo provided	o copy/ ima	ge being

11 Medical Details

6 Other children in the household

PTO