

## Early Childhood and Childcare Services

## Form 1(a)

**Evidence Verification Form**

PLEASE USE BLACK INK AND BLOCK LETTERS

## FOR OFFICE USE ONLY

Name of Establishment

Date of Application

Evidence provided should be as up to date as possible, but be dated no more than one year prior to the date of application. The type of evidence required should be taken into account when considering a reasonable time threshold

**1 DETAILS OF CHILD**

Forename(s)	Gender	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
Surname	Date of Birth	Phone	
Address (including Flat and/or House number)		Postcode	

**2 EVIDENCE**

Type of Evidence Produced	Evidence Dated	Evidence Verified by (PRINT NAME)	Evidence Verified by (SIGNATURE)	Date of Verification
Additional Support Plan				
Adult Services Plan				
Agency Support Form				
Care Plan				
Child Protection Plan				
Child's Birth Certificate				
Confirmation of Benefits				
Confirmation of Employment				
Council Tax Statement				
Deferred Entry Approval Form				
Drug Action Plan				
Formal Agency Referral				
Minute of Social Work Services Meeting				
Notification of Return to Full-time Education				
PRE-SCAT Referral				
Psychological Services Referral				
Sibling Birth Certificate(s)				
Sibling Attendance at Glasgow City Council Early Years establishment				
Tax Credit Confirmation				

Other (PLEASE DETAIL)	Evidence Dated	Evidence Verified by (PRINT NAME)	Evidence Verified by (SIGNATURE)	Date of Verification

**9 ETHNIC BACKGROUND**

We would like you to help us collect information about your language, religion, ethnic background and national identity. You are not required to answer the following questions, however, the information is extremely valuable as it is used to monitor the effectiveness of the council's Race Equality Policy.

Please identify your child's ethnic background:

White - United Kingdom	<input type="checkbox"/>	Asian - Chinese	<input type="checkbox"/>	Black - United Kingdom	<input type="checkbox"/>
White - Other	<input type="checkbox"/>	Asian - Indian	<input type="checkbox"/>	Black - African	<input type="checkbox"/>
Asian - United Kingdom	<input type="checkbox"/>	Asian - Pakistani	<input type="checkbox"/>	Black - Caribbean	<input type="checkbox"/>
Asian - Bangladeshi	<input type="checkbox"/>	Asian - Other	<input type="checkbox"/>	Black - Other	<input type="checkbox"/>
Other (please specify)		<input type="checkbox"/>			

What Language(s) does your child speak?

Please detail any other language(s) used in your home

Please state your child's religion?

Asylum Status?

Please state your child's national identity?

I do not wish to disclose this information

☐
**10 HEALTH INFORMATION**

Does your child have any long term health, medical or additional support needs?

☐ YES ☐ NO

If YES, please give details

**CHILD'S DOCTOR****HEALTH VISITOR**

Name of Doctor

Name of Health Visitor

Name of Surgery/Practice

Name of Practice

Address

Postcode

Address

Postcode

Phone

Phone

**11 ADDITIONAL INFORMATION TO SUPPORT APPLICATION**

Please provide any additional relevant information to support this application

Name of Parent/Carer \_\_\_\_\_

Signature of Parent/Carer \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for completing this placement application form.*

**PLEASE RETURN THIS FORM TO THE HEAD OF ESTABLISHMENT OF THE FIRST PRIORITY PREFERENCE**

**PLEASE NOTE: What we will do with your information**

Glasgow City Council is registered under the Data Protection Act 1998. The Council is under an obligation to manage public funds properly. Accordingly information that you provide will be used to ensure all sums due to the Council are paid timeously, e.g. by identifying persons who are non-payers of Council Tax and to improve uptake of Benefits. The information may also be used to prevent and detect fraud. It is also possible that this information may be shared for the same purpose with public bodies, including neighbouring Councils or other organisations, which handle public funds.

The information which you provide on this form will be processed by Glasgow City Council, which is the data controller for the purposes of the Data Protection Act 1998. The personal data that you provide will be used to deal with your correspondence and to let you know what the outcome of this is. The Council will not use your personal data for any other purpose and will not disclose the personal information that you provide to any outside person or organisation except where required to do so by law or with your own consent.

## 6 DETAILS OF OTHER CHILDREN/YOUNG PEOPLE IN THE FAMILY

Place in family, e.g. 3rd of 4 children

Name	Date of Birth	Age

## 7 EXTENDED CHILDCARE PLACEMENT REQUEST

Do you require extended childcare?  
(Extended Childcare is any provision over five sessions)

☐ YES ☐ NO

If NO, please go to section 8. If YES, please state reason for extended childcare request

How many weeks per year do you require childcare services?

☐ 52 ☐ 39 ☐ OTHER

Please provide details of Employment/Education of adults residing within the household (aged 16+).

**Note:** This section must be completed if your reason for requesting extended childcare is to support access to employment, education or training.

Name of Adult	Relationship to Child	Details of Employment (Name of Employer and contact number)	Details of Full-time Education/Training (Name of Establishment and contact number)	Number of Hours (Employment/Education/Training)									
				Monday		Tuesday		Wednesday		Thursday		Friday	
				From	To	From	To	From	To	From	To	From	To

## 8 DETAILS OF PLACEMENT REQUESTED

It is not always possible to satisfy your choice of place, but it is helpful to know the sessions that you would like your child to attend. *(Please tick)*

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
Early AM					
AM					
Lunch					
PM					
Late PM					
Full-time					

## Early Childhood and Childcare Services

## Form 1

## Placement Application Form



PLEASE USE BLACK INK AND BLOCK LETTERS

## Note to Parent/Carer

Application for placement within Glasgow City Council Early Childhood and Childcare Services establishments may be made submitting only one application. Within this application you may state a maximum of three priority preferences for placement. The completed application form should be submitted to the establishment of first priority preference.

An application for placement will not be accepted unless the child is within one year of being eligible for admission within the establishments of priority preference.

Where multiple applications are submitted, the most recently submitted application will be valid and previous applications will be automatically deemed null and void.

In order for factors within the criteria for priority banding to be considered, establishments will request evidence, in the form of original documentation. Factors will not be taken into account if evidence cannot be provided.

All information provided within this application will be treated in confidence. Establishment staff will be pleased to assist you in the completion of this form.

FOR OFFICE USE ONLY	
Date of Application	
Date of Panel Meeting	
Priority Banding Recommended	
Priority Banding agreed at Panel	
Proof of Address provided	<input type="checkbox"/> YES <input type="checkbox"/> NO
Birth Certificate provided	<input type="checkbox"/> YES <input type="checkbox"/> NO

## 1 DETAILS OF EDUCATIONAL ESTABLISHMENTS AT WHICH PLACEMENT IS REQUESTED

It is important that you list up to three choices in priority order, we will try to offer you first choice, however this cannot be guaranteed.

First Preference

Second Preference

Third Preference

## 2 DETAILS OF CHILD

Forename(s)

Gender

☐ MALE☐ FEMALE

Surname

Date of Birth

Phone

Address (including Flat and/or House number)

Postcode

## 3 ATTENDANCE AT OTHER EARLY YEARS ESTABLISHMENT/FACILITY

Please provide information on any other facility your child attends including patterns of attendance. (Please tick appropriate day(s) and time(s))

Name of Establishment

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
Early AM					
AM					
Lunch					
PM					
Late PM					
Full-time					

## 4 DETAILS OF PERSON MAKING THE APPLICATION

Forename(s)

Phone

Surname

Mobile

Address (including Flat and/or House number)

Postcode

## 5 DETAILS OF PARENT(S)/CARER(S)

Details of Parent/Carer (if different from the person making this application)

Details of Parent/Carer (if different from the person making this application)

Forename(s)

Forename(s)

Surname

Surname

Relationship to Child

Relationship to Child

Address

Address

Postcode

Postcode

Phone

Phone

Mobile

Mobile