**East Lothian Council**

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| **PART 1 : CHILD DETAILS** | | | | | |
| Forename(s) |  | | Known As |  | |
| Surname |  | | | | |
| Date of Birth |  | | Gender (M/F) | | M 🞏 F 🞏 |
| Address |  | | | | |
| Postcode |  |  | | | |
| Is the child **currently** living under the care of the Local Authority with Foster Parents or in Kinship Care? | | Yes 🞏 No 🞏  If yes, please provide Social Worker contact details on page 2 | | | |
| Is the child Care Experienced (i.e.previously been in the care of the Local Authority) | | Yes 🞏 No 🞏  If yes, please provide Social Worker contact details on page 2 | | | |
| **A copy of the child’s birth certificate must be sent with the application form.** This will be destroyed once this application has been processed. The information you provide in this form is stored and processed electronically. Your data is processed because we have a legal obligation to do so and is done so in accordance with the Data Protection Act 2018. This information is shared with East Lothian Council for their nursery admissions data and will be the basis of the pupil record to be forwarded onto their future school establishment. 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) | | | | | |

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| **PART 2 : PARENT/CARER DETAILS** (*Name of main carer*) | | | | |
| Title |  | | | |
| Name |  | | | |
| Address *(if different to child’s)* |  | | | |
| Postcode |  | Telephone No. |  | |
| Relationship |  | Mobile No. |  | |
| Email address |  | | | |
| National Insurance Number |  | | | |
| Are you, the parent, Care Experienced?  ***THIS QUESTION IS OPTIONAL but, if you answer ‘yes’ and our checks verify this, your 2 year old will automatically qualify for a place the term after their 2nd birthday.*** | | | | Yes 🞏 No 🞏 |
| Are you currently a student in receipt of childcare funding from the college? | | | | Yes 🞏 No 🞏  (If yes please provide details below) |
| Name of College |  | Start Date |  | |

**Early Learning and Childcare – Eligible 2 Application Form**

**PART 3 : EVIDENCE OF BENEFITS**

Which qualifying benefits are you in receipt of? (Please refer to the Guidance Notes and tick as appropriate)

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| --- | --- | --- |
| **BENEFIT** | **In receipt of**  *Please tick* | **Evidence enclosed**  *Please tick* |
| Universal Credit where the monthly joint household take-home pay does not exceed **£726** (**a copy of your most recent online journal statement showing payment amount and joint household take-home pay must be provided with your application)** |  |  |
| Income Support |  |  |
| Jobseekers Allowance *(Income Based)* |  |  |
| Employment and Support Allowance *(Income Related)* |  |  |
| Child Tax Credit (but **NOT** Working Tax Credit) with annual income below **£18,725** |  |  |
| Both Maximum Child Tax Credit **and** Working Tax Credit with annual income below **£8,717** |  |  |
| Support under Part VI of the Immigration and Asylum Act 1999 |  |  |

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| **PART 4 : CURRENT CHILDCARE SETTING** | |
| **If your child is currently attending a childcare provider, including childminders, please state where and the number of hours per week they attend.** | **Nursery or Childcare Provider Name:**  **Number of hours attending per week:** |

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| **PART 5 : HEALTH VISITOR, ADDITIONAL SUPPORT NEEDS & OTHER PROFESSIONALS** | | | |
| **Details of Health Visitor** | | | |
| Name |  | Telephone No. |  |
| E-mail |  | Mobile No. |  |
| Do you give permission for us to share information in connection with this application with your Health Visitor, or allow your Health Visitor to act on your behalf? | | | Yes 🞏 No 🞏 |

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| **Details of Additional Support Needs (if applicable)** | |
| Do you consider your child to have any additional support needs? | Yes 🞏 No 🞏  If yes, please provide brief details below |
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| **Details of other professionals involved with the family e.g. social worker, speech & language therapist, occupational therapist etc. Please note by signing the declaration in Part 6 you give consent to these individuals being contacted in support of your application.** | | | |
| Name |  | Job Title |  |
| E-mail address |  | Contact Number(s) |  |
| Name |  | Job Title |  |
| E-mail address |  | Contact Number(s) |  |

**PART 6 : ADDITIONAL INFORMATION**

**Please note any additional information you believe is relevant to your application in the box below**

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**DECLARATION**

I declare the above information is true and complete. I understand that it is my responsibility to notify East Lothian Council of any changes in my circumstances that may affect my application, including any change to my contact details.

I understand that East Lothian Council will check Council Tax and Benefit internal records to verify my eligibility.

East Lothian Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with the Benefits and Council Tax Department with East Lothian Council.

I agree to this information being shared with teachers, health visitors, nurses, social workers, housing staff or other relevant organisations in order to help provide the necessary support.

By signing this form you are giving your consent for this information to be stored electronically. All information is held in compliance with the Data Protection Act 2018.

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return your completed form along with a copy of your child’s birth certificate and benefit evidence by email to** [**eligible2@eastlothian.gov.uk**](mailto:eligible2@eastlothian.gov.uk)

***Please note that if your child has turned two you can now register their name at the Local Authority nursery of your choice for their three year old place. Information on nursery options in East Lothian can be found at*** [***www.eastlothian.gov.uk/1140-hours***](http://www.eastlothian.gov.uk/1140-hours)