

TORFAEN EDUCATION SERVICE
APPLICATION FOR NURSERY PLACEMENT 2018

TO: PARENTS/CARERS

ONLY COMPLETION OF THIS FORM WILL ENABLE YOUR CHILD TO BE CONSIDERED FOR A NURSERY PLACE

Children can be admitted to the Authority's nursery provision at the beginning of the term following a child's third birthday.

Places are normally allocated on a part-time basis (morning or afternoon) for 5 days a week. In certain, limited circumstances, full-time placements can be offered to 4 year olds. Each nursery provision serves a specific catchment area. Parents/carers may apply to any of the Authority nursery provisions, however priority will first be given to those in-catchment at the time of admission.

Please note that a placement at the nursery unit does not guarantee a placement at the school for reception. A fresh application will need to be submitted.

In order for a child to be considered for a place in a Torfaen County Borough Nursery parents/carers must complete this form and return it to the nursery provision of their choice by the 6th October, 2017. Should parents wish to consider a private or voluntary sector setting for their child(ren) they need to complete form EY1 and return it to the setting of their choice.

PLEASE NOTE: PARENTS/CARERS MUST ONLY SUBMIT ONE APPLICATION. DUPLICATE APPLICATIONS WILL NOT BE CONSIDERED.

SECTION A NURSERY PROVISION

Enter Nursery of your choice

SECTION B PERSONAL DETAILS

NAME OF CHILD

Surname: Forenames: Male/Female

Date of Birth*: *Birth Certificate must be produced

NAME(S) AND ADDRESS(ES) OF PARENT/CARER(S)*
(N.B. this must be the child's permanent residence)

..... Post Code Telephone No (To include mobile):

***CONFIRMATION OF CHILD'S HOME ADDRESS MUST BE PRODUCED IN THE FORM OF A CURRENT COUNCIL TAX BILL OR WATER BILL**

NAME AND ADDRESS OF FAMILY DOCTOR

..... Post Code Telephone No:

DOES THE CHILD HAVE CONTROL OF:

a) Bladder YES/NO b) Bowel YES/NO **(Please delete)**

*** IF "NO" DOES YOUR CHILD HAVE A MEDICAL CONDITION WHICH IS IMPACTING ON THEIR TOILETING (PLEASE EVIDENCE)**

IMMUNISATION

Has your child been immunised against the following: **(Please delete)**

a) Diphtheria/Tetanus/Whooping Cough (Triple Injection)/ Polio (drops) YES/NO
b) Measles/Mumps/Rubella (Injection) YES/NO

NAME AND ADDRESS AND TELEPHONE NUMBER TO BE CONTACTED IN AN EMERGENCY SHOULD PARENT/CARER BE UNAVAILABLE

Name Address Relationship Telephone No:

Name Address Relationship Telephone No:

SECTION C ALLOCATION OF PLACES

IF CHOICE AVAILABLE, WOULD YOU PREFER YOUR CHILD TO ATTEND A MORNING OR AFTERNOON SESSION?

Morning/Afternoon **(Please delete)**

Any special reason for your preference

HAVE YOU APPLIED TO ANY OTHER NURSERY PROVISION WITHIN TORFAEN?

YES/NO
(Please delete)

If YES, please specify

SECTION D**DETAILS OF ANY SPECIAL REASONS IN SUPPORT OF THE APPLICATION FOR YOUR CHILD'S ADMISSION TO NURSERY**

- (a) Is the child looked after or has been previously looked after e.g. fostered? YES/NO **(Please delete)**
- (b) Is there or has there been any involvement by a specialist agency i.e Social Worker, Health, Educational Psychologist or a Paediatrician(see special note below) for:-
- (i) Exceptional Circumstances/medical/social reasons YES/NO **(Please delete)**
- (ii) Special educational needs YES/NO **(Please delete)**
(if yes please submit details with this application)

*** PLEASE NOTE:** Exceptional Circumstances or medical reasons must be supported by reports from medical agencies or social work agencies which must be included by parents with the application form or forwarded direct from the agency to the Headteacher.

NOTES FROM FAMILY DOCTORS ARE NOT ACCEPTED FOR THIS PURPOSE.

SECTION E**APPLICATION FOR EARLY ADMISSION**

Pupils can be admitted to nursery provision at the beginning of the term following their third birthday. If you want your child to be admitted early please indicate below.

- January 2018 YES/NO **(Please delete)**
or
April 2018 YES/NO **(Please delete)**

If you wish your child(ren) to attend a private or voluntary sector setting (non maintained setting) Please contact the nursery direct (listed on Page 74-76 of the Parent/ Carer Booklet)

SECTION F**DECLARATION**

I HEREBY DECLARE THAT THE INFORMATION GIVEN BY ME ON THIS FORM IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I WILL INFORM YOU OF ANY ALTERATION IN THE PARTICULARS GIVEN.

THE INFORMATION THAT YOU PROVIDE WILL BE USED TO ALLOCATE A SCHOOL PLACE FOR YOUR CHILD. TORFAEN COUNTY BOROUGH COUNCIL, IN FULFILLING ITS DATA PROTECTION OBLIGATIONS, WILL TREAT ALL PERSONAL DATA SUBMITTED BY YOU, HELD MANUALLY AND / OR ON A COMPUTER DATABASE WITH ABSOLUTE SECURITY AND CARE. INFORMATION MAY BE SHARED WITH OTHER AGENCIES THAT ARE DIRECTLY INVOLVED IN THE EDUCATION, HEALTH AND WELFARE OF SCHOOL CHILDREN. THE USE OF PERSONAL INFORMATION IS COVERED BY THE AUTHORITIES REGISTRATION UNDER THE DATA PROTECTION ACT.

FULL NAME PARENT/CARER (PRINT) Miss, Ms, Mrs, Mr.....

SIGNATURE PARENT/CARER

RELATIONSHIP

DATE..... TEL HOME..... TEL WORK..... TO THE CHILD.....

PLEASE NOTE THAT YOU WILL BE NOTIFIED AS TO THE OUTCOME OF YOUR APPLICATION BY FRIDAY 24TH NOVEMBER 2017

SECTION G**TO BE COMPLETED BY SCHOOL ONLY**

Date application received:

Date of Birth verified: YES/NO Date:.....

Child's Home Address verified: YES/NO Date:.....