

Two year old Nursery Education Funding:
Application Form for a free place - April 2014

Incorporating Luton Children's Centres Registration Form 1



Parent/Carer details (Person with parental responsibility)			
Title	First name	Surname	Date of birth Dd/mm/yyyy
Address details			
House no.	Street	Postcode	
Town & County		Preferred contact number	
National Insurance Number		Email address	
Would you like to be kept updated on Luton's Children's Centre activities? Y/N			
Details of Two year old child requiring a free place:			
First name	Surname	Date of birth & (M/F) Dd/mm/yyyy	
Other children (under 5 years of age, living at same address)			
First name	Surname	Date of birth/EDD & (M/F) Dd/mm/yyyy	Relationship to child
First name	Surname	Date of birth & (M/F) Dd/mm/yyyy	Relationship to child
How did you hear about us?			

Data Protection Agreement - PARENT/LEGAL GUARDIAN TO SIGN
<p>Luton Borough Council and Luton's Children's Centres are committed to protecting your privacy. We will process the information you provide in a manner which is compliant with the Data Protection Act. Information provided will not be shared with any third parties without prior consent.</p> <p>I do / do not consent to my information being shared between Luton Borough Council and the Health Services.</p> <p>Information will not be shared with agencies outside Luton Borough Council and Luton's Children's Centres without your consent unless it is necessary for the safeguarding/protection of a child or vulnerable adult.</p> <p>Signature: _____ Date: _____</p> <p>Print name: _____</p>

For Office Use Only:
Name of referrer/position:
Setting

Childcare Provider's Name:	
Preferred Provider Informed:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Evidence of date of Birth (Birth Certificate or Passport only): Please attach a copy	
Date of Birth matched:	Dd/mm/yyyy
Type of evidence seen:	

Parent / Carer: To claim your free place you must confirm that you are in receipt of one or more of the following benefits and credits... if Working Tax Credits, please provide evidence	
Income Support	
Income-based Job Seekers' Allowance (JSA)	
Income-related Employment and Support Allowance (ESA)	
Support under Part VI of the Immigration and Asylum Act 1999	
The Guaranteed element of State Pension Credit	
Child Tax Credits or Working Tax Credits and have an annual gross earnings of no more than £16, 190	
...or one or more of the following applies	
Child with a current statement of special educational needs (SEN) or an Education, Health and Care Plan	
Child is entitled to Disability Living Allowance	
Child who has left care through special guardianship, adoption or residence order	
Child Looked after by the local authority	

Is the 2 year old child currently accessing early learning or being funded from any other scheme?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details:	

Declaration by Provider, Health Visitor, SENS team, Family Worker, Social Worker, Children's Centre or other professionals:	
Note that children are not eligible to start until the term after they turn two and once they have been approved.	
Name:	
Signature:	Date:
Job Title and Agency:	Telephone Number:
Address of referring agency:	

Additionally please tick any criteria listed below that apply:	
Your child has a Special Educational Need (SEN) or disability: please provide further information below:	
Moderate to severe SEN: (6-12 months delay in two or more areas)	
1. Speech and language delay/social communication difficulties	
2. Physical/ sensory impairment	
3. Moderate/ severe learning difficulty	
4. Visual impairment physical difficulties	
5. Physical difficulties	
6. Autism	
Severe/complex SEN: (At least 12 months delay in most areas of development)	
1. Speech and language disorder	
2. Sight or hearing impaired	
3. Severe/complex learning difficulty	
4. Physical difficulties	
5. Autism	
Profound SEN: (At least 16 months)	
1. Severe sight or hearing impairment	
2. Profound learning difficulty	
3. Physical difficulties	
4. Autism	

Evidence must be provided if you have ticked SEN Severe/Complex and profound from health/education:
Evidence attached: Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the child known to the SENS home visiting service or Area Inclusion coordinator? Yes <input type="checkbox"/> No <input type="checkbox"/>

For use by referring professional i.e. Health Visitor, SENS team, Family Worker, Social Worker or other professionals or Parents/Carers
Please provide a summary of the child's needs or circumstances that the provider can be informed of.
Please provide details of any professionals working with the family.

PLEASE COMPLETE - ETHNIC MONITORING INFORMATION

Luton Borough Council is required to compile information on the ethnicity children accessing the free early education entitlement in Luton. To improve the quality of the information, we would be grateful if you could record this as appropriate. The information will only be used to compile statistics on the ethnicity of children benefiting from the free entitlement. **No individual children will be identified through the process.** The categories used below are those used by Luton Borough Council. Please study the list below and tick one box to indicate the ethnic background of your child. Your assistance in the compilation of this information is greatly appreciated.

WHITE		Code
British	<input type="checkbox"/>	WBRI
Irish	<input type="checkbox"/>	WIRI
Traveller of Irish Heritage	<input type="checkbox"/>	WIRT
Gypsy/Roma	<input type="checkbox"/>	WROM
Turkish	<input type="checkbox"/>	WTUK
Turkish Cypriot	<input type="checkbox"/>	WTUR
White Other	<input type="checkbox"/>	WOTH

MIXED/DUAL		
White & Black Caribbean	<input type="checkbox"/>	MWBC
White & Black African	<input type="checkbox"/>	MWBA
White & Asian	<input type="checkbox"/>	MWAS
Other mixed background	<input type="checkbox"/>	MOTH

ASIAN OR ASIAN BRITISH		
Indian	<input type="checkbox"/>	AIND
Pakistani	<input type="checkbox"/>	APKN
Bangladeshi	<input type="checkbox"/>	ABAN
Kashmiri	<input type="checkbox"/>	AKAO
Other Asian	<input type="checkbox"/>	AOTH

BLACK OR BLACK BRITISH		
Caribbean	<input type="checkbox"/>	BCRB
African	<input type="checkbox"/>	BAFR
Other Black background	<input type="checkbox"/>	BOTH

CHINESE		
Chinese	<input type="checkbox"/>	CHNE

ANY OTHER ETHNIC GROUP

Other Ethnic Group	<input type="checkbox"/>	OOTH	<input type="text" value="Please specify:"/>
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Prefer not to say	<input type="checkbox"/>	REFU
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Please return this form to:

**Harpreet Sehmbi,
2 year old project,
The Rufus Centre, Steppingley Road, Flitwick, Beds. MK45 1AH
Telephone: 01525 715248**