**30 hour ref no (3 and 4 YOs):**  **ELO ref no (2 YOs):**

Please send email confirmation of eligible codes to: [admin@effra-school.org.uk](mailto:admin@effra-school.org.uk)

***Office use:***

Known keyworker?

Lambeth Borough?

CAF Y N Required

SEND Y N ? AM PM preferred

Dietary information:

Ref to: BSW HV other

Term following 3rd birthday:

2yr old place N Possibly Appl. in process Y

Elig FT place N Possibly Appl. in process Y

BC seen Y Proof of address seen Y

Entered on sims Y

|  |  |
| --- | --- |
| **Date of completion:**  **Completed by (staff initial):** | |
| **Child’s name:**  (underline surname)  **Preferred name:** | |
| **D.o.b.:** | **Sex:** M / F |
| **Child’s address** (including Estate name/Borough)**:**    **Tel:** | |

|  |  |
| --- | --- |
| **Parent 1 details** | **Parent 2 details** |
| **Name/ relationship** | **Name/ relationship** |
| **Date of birth:** | **Date of birth:** |
| **Tel:** | **Tel:** |
| **email:** | **email:** |
| **Country of origin:**  **Language(s) spoken:** | **Country of origin:**  **Language(s) spoken:** |
| **Occupation:** | **Occupation:** |
| **Main carers NI number:** | |
| **Who has parental responsibility?** | |

|  |
| --- |
| **All other people living in your home:**  (names/relationships - d.o.b. of children and school’s attending, any attended this nursery?) |

|  |
| --- |
| **Address of other parent (if different):** |
| **How much contact is there with the parent who lives elsewhere?** |
| **Are you receiving Child Benefit:** |
| **Immigration status:**  (refugee, asylum seeker, no recourse to public funds, in process of applying for indefinite leave to remain) |
| **Child’s ethnicity:** (Please see page 4 for codes. Check the parent agrees to this being recorded.) |

|  |  |
| --- | --- |
| **Child’s main language spoken at home:** | **Any other languages spoken at home:** |
| **Religion:** | **Any special dietary requirements:** |
| **Medical conditions/allergies** (eg. asthma, eczema, psoriasis, intolerances/allergies)**:**  **If yes, what medication is your child currently taking?** | |
| **Name of doctor’s surgery address/tel no:** | **Name of Health visitor:** |
| **Have you had any worries or concerns about your child’s health since they were born? Do you have any current concerns?** Include any information about special educational needs or disabilities. | |
| **Has your child had the 2½ yr development check (reminder, if not):** Y / N | |
| **Does your child have a social worker?** Y / N (if yes, please supply name and contact details). | |
| **Names of any other agencies involved in supporting your child now or previously, and the reasons for their involvement:** | |

|  |  |  |
| --- | --- | --- |
| **How did you hear about Effra?** | | |
| **Do you attend any Children's centre sessions?** Y / N |  | **Have you applied elsewhere?** Y / N |
| **Name of any child’s current provision** *(nursery, childminder, home)***:** | | |

|  |  |
| --- | --- |
| **PART-TIME INFORMATION** *(please circle)* | |
| **CORE HOURS**  **2/3/4 year old provision: 9:15 - 11:45**  **12:45 - 3:15**  **Nurture Space: 8:45 - 11:45**  **11:45 - 3:15** | **(N/A to 2 year provision)**  **Preference for full-time day (9.15 – 3.15PM)**  ❏**Monday** ❏**Tuesday** ❏**Wednesday** ❏ **Thursday** ❏ **Friday** |
| **Interested in Topping up hours?** Y / N | **Interested in: Breakfast club (from 8am)** Y / N  **After school club (until 6m)** Y / N |

**PROVISION OF FUNDED FULL-TIME PLACES**

**You may be eligible for a funded full-time place if you meet the criteria below. This is no guarantee of a full-time place.**

*(Staff, this information may change. Parents will be required to check eligibility online.)*

**Eligibility Criteria:** *Please tick any boxes that apply.*

**CRITERIA**

**For families who meet specific national criteria linked to parents/ carers income, a funded full-time place of 30 hours is available. The parent (and their partner where applicable) should be seeking the free childcare to enable them to work. Parents of three and four year olds will need to meet the following criteria in order to be eligible for 30 hours free childcare:**

* *They earn or expect to earn the equivalent to 16 hours at National Minimum or Living Wage over the coming three months. This equates to £120 a week (or c.£6,000 a year) for each parent over 25 years old or £112.80 a week (or c.£5,800 a year) for each parent between 21 and 24 years old. This applies whether you are in paid employment, self-employed or on zero hours contract.*
* *Where one or both parents are on maternity, paternity, shared parental or adoption leave, or if they are on statutory sick leave.*
* *Where one parent meets the income criteria and the other is unable to work because they are disabled, have caring responsibilities or have been assessed as having limited capability to work.*
* *Where a parent is in a ‘start-up period’ (i.e. they are newly self-employed) they do not need to demonstrate that they meet the income criteria for 12 months.*
* *If a non-EEA national, the parent must have recourse to public funds.*

**CRITERIA MET / NOT MET \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Privacy statement**

We will only use the information you have given with regard to your child’s application to this nursery school. We will look after your information securely and we will follow the Data Protection legislation. We will not give personal information about you or any personal information you may provide on other people to anyone else or another organisation unless we have to by law. For more detailed information please see the full Privacy Notice on our website.

**Parent declaration:**

**I confirm that I have provided correct information in this application.**

Parent/ carer name: …………………………………………. Date: ……………………….

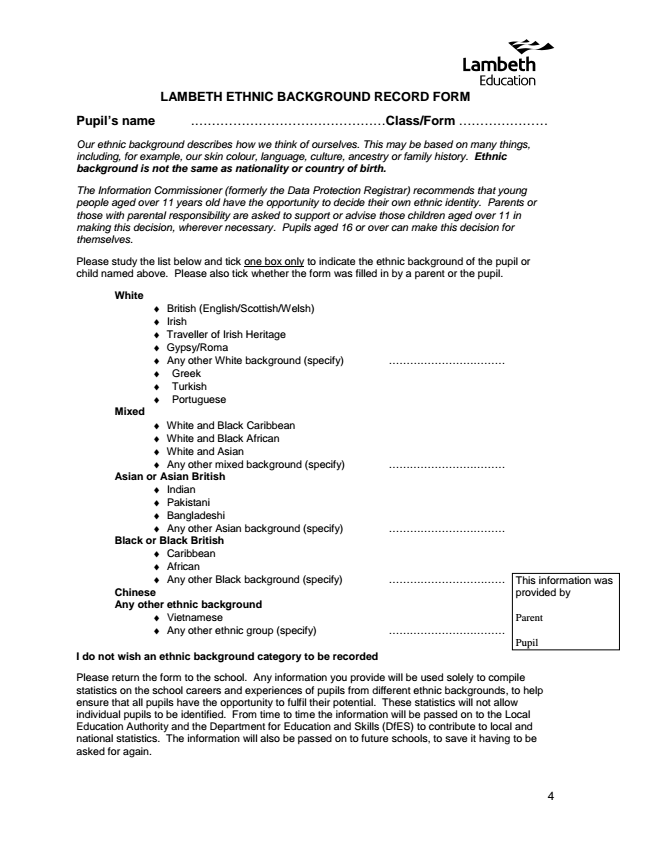
Signature: ………………………………………..

**Effra declaration:**

**I confirm that I have seen any evidence that supports this application:**

Staff name: ………………………………………….. Date: ……………………….

Signature: ……………………………………………



|  |
| --- |
| **Additional Information (internal use only):** |