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

Date of completion: Completed by (staff initial):			Office use: Known keyworker? Lambeth Borough?		
Child's name: (underline surname) Preferred name:			CAF Y N Required SEND Y N ? AM PM preferred Dietary information:		
D.o.b.:	Sex: M / F		Ref to: BSW HV other		
Child's address (including Estate na	ame/Borough):		Term following 3 rd 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		
Tel:			Entered on sims Y		
Parent 1 details Paren		Parent 2 o	details		
Name/ relationship		Name/ relationship			

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?	

ΔΙΙ	other	people	living	in vo	ur	homo:
ΑП	Other	Deonie	IIVIIIU	III VU	uı	nome.

(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, ed	zema, psoriasis, intolerances/allergies):				
If yes, what medication is your child currer	itly 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:		(N/A to 2 year provision) Preference for full-time day (9.15 – 3.15PM)
Nurture Space:	12:45 - 3:15 8:45 - 11:45 11:45 - 3:15	□ 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 <u>may</u> 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	s this application:
Staff name:	Date:
Signature:	



LAMBETH ETHNIC BACKGROUND RECORD FORM

Pupil's name		Class/Form	
including, for exan	ound describes how we think of ourselves. Thin ple, our skin colour, language, culture, ancest of the same as nationality or country of birti	ry or family history. Ethnic	ings,
people aged over those with parenta	ommissioner (formerly the Data Protection Re 11 years old have the opportunity to decide the Il responsibility are asked to support or advise on, wherever necessary. Pupils aged 16 or ov	eir own ethnic identity. Pare those children aged over 11	nts or in
	st below and tick one box only to indicate the e. Please also tick whether the form was filled		oil or
Mixed	British (English/Scottish/Welsh) Irish Traveller of Irish Heritage Gypsy/Roma Any other White background (specify) Greek Turkish Portuguese White and Black Caribbean White and Black African White and Asian		
Asian or A	Any other mixed background (specify) Asian British Indian Pakistani Bangladeshi	•••••	
Black or i	Any other Asian background (specify) Black British Caribbean African		
Chinese Any other	Any other Black background (specify) rethnic background Vietnamese		This information was provided by Parent
•	Any other ethnic group (specify)		Pupil

I do not wish an ethnic background category to be recorded

Please return the form to the school. Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Education Authority and the Department for Education and Skills (DfES) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.

Α	Additional Information (internal use only):