

# CAMPSBOURNE SCHOOL & EXTENDEND SERVICES

## APPLICATION FORM FOR NURSERY CLASS

### September 2016

Please use **BLOCK CAPITALS** to complete this form

Date: DD / MM / YY

PART A		PARENT / CARER DETAILS	
	<b>Main Carer who lives with the child/ren (Parent/Guardian)</b>	<b>Second Carer (Parent/Guardian)</b>	
<b>First Name</b>			
<b>Last Name</b>			
<b>Address</b>			
<b>Postcode</b>			
<b>Telephone (Home)</b>			
<b>Mobile</b>			
<b>E-Mail</b>			
<b>Relationship to Child</b>			
<b>Ethnicity (see codes attached)</b>			
<b>Is English your main language?</b>	Yes [ ]      No [ ]	Yes [ ]      No [ ]	
<b>If 'No' what is your main language?</b>			
<b>Are you a lone parent?</b>	Yes [ ]      No [ ]		
<b>Is anybody employed in your household?</b>	Yes [ ]      No [ ]	Yes [ ]      No [ ]	

PART B		DETAILS OF CHILDREN APPLYING FOR A PLACE		
		<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>
<b>First Name</b>				
<b>Last Name</b>				
<b>Date of Birth</b>				
<b>Gender (M / F)</b>	Male [ ] Female [ ]	Male [ ] Female [ ]	Male [ ] Female [ ]	Male [ ] Female [ ]
<b>Ethnicity (see codes attached)</b>				
<b>Do you consider this child to have a disability or Special Educational Needs? If your child has a Statement of Special Educational needs please attach a copy of the Statement.</b>	Yes [ ]      No [ ] Please describe:	Yes [ ]      No [ ] Please describe:	Yes [ ]      No [ ] Please describe:	Yes [ ]      No [ ] Please describe:



Ethnicity Codes		
Categories	Codes	Description
<b>WHITE</b> White Background	WBRI	British
	WIRI	Irish
	WIRT	Irish Traveller
	WGRE	Greek / Greek Cypriot
	WROM	Gypsy / Roma
	WTUR	Turkish / Turkish Cypriot
	WOTH	White Other
<b>MIXED</b> Mixed/Dual Background	MWBC	White & Black Caribbean
	MWBA	White & Black African
	MWAS	White & Asian
	MOTH	Any Other Mixed Background
<b>ASIAN</b> Asian or Asian British	AIND	Indian
	ABAN	Bangladeshi
	APKN	Pakistani
	AEAA	East African Asian
	AOTH	Other Asian Background
<b>BLACK</b> Black/Black British	BAFR	Black African
	BCRB	Caribbean
	BAOF	Other African
<b>Chinese or Other Ethnic Group</b>	CHNE	Chinese
	OOEG	Other Ethnic Group
	NOBT	Information Not Obtained

Campsbourne School & Extended Services operate a designated Children's Centre and are responsible for the delivery of integrated services to the local community. In addition to providing high quality early education and childcare we also plan services covering:

- Parenting support and specialist services
- Child and family health services
- Help into work with links to Job Centre Plus and training
- Information and advice

As part of the planning process to improve outcomes for children under five and their families we are required to collect data to help us monitor and evaluate services. Whilst completion of **PART C AND PART D** of this form is optional the information is an essential part of meeting the needs of the community. Thank you for your co-operation.

PART C	Further Details of Children Under 5YRS					
	Child 1		Child 2		Child 3	
First Name						
Last Name						
Birth Weight						
Was this child breast-fed?	Yes [ ]	No [ ]	Yes [ ]	No [ ]	Yes [ ]	No [ ]
At Birth	[ ]		[ ]		[ ]	
At 6 Weeks	[ ]		[ ]		[ ]	
At 6 Months	[ ]		[ ]		[ ]	
Was the child immunised?						
2 Months	[ ]		[ ]		[ ]	
3 Months	[ ]		[ ]		[ ]	
4 Months	[ ]		[ ]		[ ]	
12 Months	[ ]		[ ]		[ ]	
3 Years +	[ ]		[ ]		[ ]	
Not Known	[ ]		[ ]		[ ]	
Centre/Nursery/Playgroup, etc attended						
Name of Childminder						
Name of Social Worker						

PART D	Further Details About You & Your Partner	
	Main Carer	Second Carer
Gender (*delete)	*Male/Female/Trans-gender	*Male/Female/Trans-gender
Religion		
Sexual Orientation	*Bisexual/Heterosexual/ Gay/Lesbian	*Bisexual/Heterosexual/ Gay/Lesbian
Do you have a partner who lives with you? (Main Carer only)	Yes [ ] No [ ]	
Do you consider yourself to have a disability, learning, physical, etc?	Yes [ ] No [ ] Please describe:	Yes [ ] No [ ] Please describe:
Do you smoke?	Yes [ ] No [ ]	Yes [ ] No [ ]

EMPLOYMENT DETAILS (PLEASE TICK MOST APPROPRIATE BOX)		
	Main Carer	Second Carer
Full Time Parent/Carer	[ ]	[ ]
Employed	[ ]	[ ]
Self-Employed	[ ]	[ ]
Unemployed	[ ]	[ ]
Education	[ ]	[ ]
Training	[ ]	[ ]
Long-term sick/disabled	[ ]	[ ]
Other (please state)	[ ]	[ ]

# PLEASE READ AND SIGN THE FOLLOWING

## Data Protection Act 1998

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- I agree that the information recorded on this form will be stored electronically and in paper format. This information will be used to enable Campsbourne School & Extended Services offer appropriate support.
- I understand that this information may be shared with partner organisations, funding bodies and other professional agencies for monitoring & evaluation purposes.
- This information may be shared with other professional agencies if there are safety concerns about me or my child/ren.
- All this information will be kept in line with the Data Protection act 1998 will have the right to access any information held about me or my child/ren.
- I understand that my personal information will not be passed to organisations for marketing or sales purposes.

## Use of Photographic Images

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Photographs/videos may be taken during group activities provided by Campsbourne School & Extended Services for use in promotional and/or service evaluation.

If you **do** give permission for photographs/videos to be taken of yourself or your child/children during Campsbourne School & Extended Services activities for service evaluation, please tick this box [  ]

If you **do** give permission for photographs/videos to be taken of yourself or your child/children during Campsbourne School & Extended Services activities for promotional purposes, please tick this box [  ]

## Keeping You Informed

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If you **do not** want to receive newsletters or information about groups, services or activities, please tick this box [  ]

**As a public authority Campsbourne School & Extended Services will adhere to the provisions of the FIO Act 2000 and provide information, including historical information, held on subjects of timescale as set down by the legislation. Requests should be in writing (including email) and addressed to the Head of Centre. Information relating to the person making the request should be pursued under the Data Protection Act as slightly different requirements apply.**

Main Carer Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Practitioner's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_