



**PERTH & KINROSS COUNCIL**

**Education & Children's Services**

## Early Learning and Childcare Application Form Strong Starts

Perth and Kinross Council has a number of nurseries that will now offer Early Learning and Childcare to children who are 2 years of age. These are offered to eligible children in line with criteria set down by the Scottish Government. Please refer to guidance for parents for further information.

**Child's Full Name**

**Date of Birth**

**Sex: Girl / Boy**

**Parent/carer**

*and relationship to the nursery child.*

**Session**

2020-2021

**Address**

**Town**

**Postcode**

**Telephone Number(s)**

**Email Address**

For which nursery with Strong Start 2 year old places is this application?

Do you live in the Perth and Kinross Council area?

Yes

No

To which other nurseries will you be applying?

*Please apply on a separate form for each nursery*

### Please indicate preferred pattern of attendance for 30 hours ELC

*n.b. hours of attendance will be approximately 9am – 3pm, however may vary to fit with school day.*

Through the Children & Young People (Scotland) Act 2014 we further increased the annual entitlement to free ELC to 1140 hours for all eligible two year olds. This setting offers those hours over five full days and over the school term time.

Mon	Tue	Wed	Thur	Fri
6hr	6hr	6hr	6hr	6hr
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Qualifying Criteria

*Please note: Strong Start places are available to 2 year olds with a parent in receipt of one or more qualifying benefit(s).*

Please tick which benefit(s) you are currently receiving:

- Income Support
- Job Seekers Allowance (Income Based)
- Employment Support Allowance (Income Based)
- Child Tax Credit, but not Working Tax Credit, and your income is less than £16,105
- Child Tax Credit and Working Tax Credit and your income is less than £7,320
- Universal Credit where the monthly earned income does not exceed £610
- Asylum Seeker receiving support under Part VI of the Immigration and Asylum Act 1999
- Incapacity Benefit or Severe Disablement Allowance
- State Pension Credit

**You will need to provide up to date evidence that you are receiving these benefits**

Is there anything we should be aware of when considering this application?	
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**I confirm that to the best of my knowledge, all of the information provided by me on this application form is accurate.**  
**I am also aware that Perth & Kinross Council may carry out checks to ensure that public funds/resources are correctly allocated/awarded.**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**HOW WE USE YOUR PERSONAL INFORMATION**  
 The information provided by you will be used by Perth & Kinross Council for the administration and management of nursery enrolment.

The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law.

For further information, please look at our website [www.pkc.gov.uk/dataprotection](http://www.pkc.gov.uk/dataprotection); email [dataprotection@pkc.gov.uk](mailto:dataprotection@pkc.gov.uk) or phone 01738 477933

Please select one item from the list below indicating how you were informed of the application process: <ul style="list-style-type: none"> <li><input type="checkbox"/> Perth &amp; Kinross Council Website</li> <li><input type="checkbox"/> Scottish Family Information Service Website</li> <li><input type="checkbox"/> Social media e.g. Facebook/Twitter</li> <li><input type="checkbox"/> Local Council Office</li> <li><input type="checkbox"/> Job Centre Plus Office</li> <li><input type="checkbox"/> Local Newspaper</li> <li><input type="checkbox"/> Nursery</li> <li><input type="checkbox"/> Local Primary School</li> <li><input type="checkbox"/> Friends/Relatives</li> <li><input type="checkbox"/> Health Visitor</li> <li><input type="checkbox"/> Other</li> </ul>	If 'Other', please give details:
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If required, please use this space to provide any further information you wish considered:

**FOR OFFICE USE ONLY**

Birth Certificate seen <i>(This needs to be seen before a place will be offered)</i>	Date:	By:	Cert No:
Proof of child's address seen (for parent's address) <i>(This needs to be seen before a place will be offered)</i>	Date:	By:	Items seen:
Proof of benefit(s) currently received seen <i>(These need to be seen before a place will be offered)</i>	Date:	By:	Items seen: