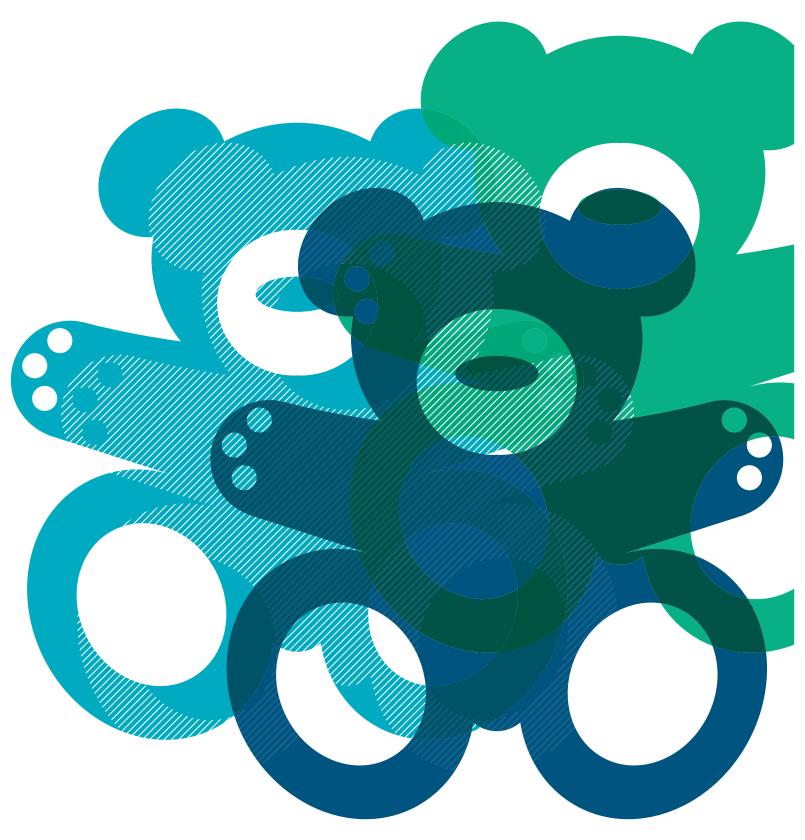
Childcare Services



UNITED KINGDOM · CHINA · MALAYSIA



Application form and guidance notes

Eligibility criteria

To be eligible to apply for a place at The University of Nottingham Day Nursery and/or the Playcentre Day Care, you must meet one of the following criteria:

- 1. You are employed by The University of Nottingham on a University of Nottingham permanent or fixed-term contract of employment
- 2. You will be employed by The University of Nottingham on a permanent or fixed-term contract of employment
- 3. You are a full-time registered student with The University of Nottingham
- 4. You are intending to be a full-time registered student with The University of Nottingham

Places will be allocated only to those persons actually meeting the above criteria.

Completing the form

It is important that you complete this form fully in order for us to process your application as quickly as possible. Please make sure that you have read the Childcare Services Prospectus before completing this form. If any information provided on this form is subsequently found to be misleading we have the right to terminate your childcare place with immediate effect. The form must be completed by the person who is (or will be) the staff member or student.

If your child is not yet born, please complete sections 1, 3, 4 and 5 and in section 2, please state your child's expected date of birth.

If you require any assistance, advice or clarification please contact Sue Mellors, Childcare Services Manager at the Day Nursery.

t: +44 (0)115 951 5222

e: childcareservices@nottingham.ac.uk

Please note that submitting this form does not guarantee your child a place as demand is greater than availability. If your application meets the eligibility criteria, your name will be added to the waiting list.

Application form

Type of contract (please tick)

Payroll number

Section 1: Applicants' details

1a Your personal details Last name First name Home address and postcode Home telephone Email Mobile telephone School/department telephone Term-time address and post code (if different to home address) 1b Staff members only: Employment details Department/school name: Days of work Hours of work From To

Fixed-term

Permanent

1c Students only: Study details	
Are you registered as a student with The University of	of Nottingham? (please tick) Yes No
f no, when will you be registered?	Date
fyes, please state your Student Registration Number	er
Course title	
Course start date	Course end date
School/department for your studies (full name)	
Your course tutor name	
Course tutor contact number	
ld Staff and students: General	
Please use this space to provide any additional infor	rmation that you feel is appropriate in support of your application to our services.
ection 2: Your child's details	
	e one for each child)
2a Personal details (please complete	e one for each child) First name/s
2a Personal details (please complete ast name	First name/s
2a Personal details (please complete ast name Date of birth (dd/mm/yy)	
2a Personal details (please complete ast name Date of birth (dd/mm/yy)	First name/s
Person/s with parental responsibility	First name/s
2a Personal details (please complete ast name Date of birth (dd/mm/yy)	First name/s
2a Personal details (please complete ast name Date of birth (dd/mm/yy) Person/s with parental responsibility	First name/s
Personal details (please complete ast name Date of birth (dd/mm/yy) Person/s with parental responsibility	First name/s Sex First language Religion

Section 2: Your child's details (continued)				
2h Health record	(please complete one for e	each child)		
Name of child's GP	(picase complete one for t	GP's telephone number		
GP's address		di 3 telephone number		
GF's address				
11 101 2 5 1				
Health visitor's name		Health visitor's telephone number		
Please provide details of	f vaccinations to date			
Please provide details of	f any health problems and special and/	or additional needs that your child	has	
	name/profession/contact details) of any	y other professionals involved with	your child (for example, speech	
therapist, physiotherapis	st, psychologist)			
If your child has a Common Assessment Framework, please provide details of the lead professional for your child				
Please use this space to	share with us any other information th	at you feel we should know about y	our child	
Section 3: Attend	ance details			
3a Sessions required. Please tick sessions required: (PC = Playcentre DN = Day Nursery)				
	Morning PC: 8.15am-1pm DN: 8am-1pm	Afternoon PC: 1-5.45pm DN: 1-6pm	All day PC: 8.15am-5.45pm DN: 8am-6pm	
Monday	1 C. C. Toain Tpin DN. Cam Tpin	1 О. 1 О. 4 Ори Ви. 1 Ори	1 C. 0.10am 0.40pm 514. 0am 0pm	
Tuesday				
Wednesday				
Thursday				
Friday				
3b Start/end dat	res			
Start date place require		ur child likely to leave day care (end	I date)?	
3c Flexibility Can you be flexible with the initial sessions offered to you, on the understanding that children already in our services receive priority for				
the allocation of subsequent sessions that become available? Please tick Yes No				
Section 4 Busy Bo	ees Day Nursery			
		N 1 1 1 TH 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	with B. M. Bloom	
	gham owned and operated Childcare S orary. The success of our day care servi			
to this demand, Busy Bees (formerly TLC, now owned by Knowledge Universe) was selected by the University to provide services that complement the University's childcare services.				
Please tick the following box if you do not want your details to be shared with Busy Bees . If you do not tick this box we will forward, by email, your name and contact details, and your child's name and date of birth (or expected date of birth), the sessions				
required and your preferred start date. They will then contact you directly.				
Section 5: Declar	ation			
Section 5: Declara			U. D. D. J. C. A. J. CO.	
Data protection: All info	rmation held by Childcare Services will			
Data protection: All info				
Data protection: All info The section below is to Signature	rmation held by Childcare Services will be completed by the applicant. The info	ormation given on this form is accur	pate Date	