

# Childcare Application Form

Please complete this form in  
**BLOCK CAPITALS** and return to:

**Freepost**  
RLUK-CKZU-TZRL  
Motherwell College  
Dalzel Drive  
Motherwell  
ML1 2BR  
**NO STAMP REQUIRED**

For office use only						
ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Important Information

### Important

If you are applying for childcare for more than one child please complete a separate application for each. Only parents and legal guardians may apply.

### Please submit the following with your application:

- Copy of your child's birth certificate
- Proof of lone parentage (if applicable)

**Your application cannot be processed without these documents.**

Please ensure your childcare application form is returned along with your course application form and that both forms are returned as early as possible.

**Incomplete forms will be returned to the applicant.  
This may result in a delay in processing your application.**

For nursery information call: **01698 23 22 85**  
For application information call: **01698 23 23 27**

## Parent/Guardian details

Surname	_____	First name(s)	_____
Title (Mr/Mrs/Ms/Miss)	_____	Date of birth	_____
Address	_____ _____ _____		
Postcode	_____	Telephone (include national dialling code)	_____
Mobile	_____	Email address	_____

## Course details

Choice of course	_____		
Start date/month required	_____	Level	_____
Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>
Day-release	<input type="checkbox"/>	Continuing student	<input type="checkbox"/>

## Child details

Surname	_____	First name(s)	_____
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Date of birth	_____		

## Emergency contacts (other than student)

First contact name \_\_\_\_\_ Second contact name \_\_\_\_\_  
Telephone \_\_\_\_\_ Telephone \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Relationship to child \_\_\_\_\_

## Medical information

Doctor \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_ Telephone (include national dialling code) \_\_\_\_\_

Please indicate if any of the following apply to your child

My child has allergies  My child has special dietary requirements

If you have ticked either of the above, please give details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are your child's immunisations up to date? Yes  No

## Additional Information

To allow us to support your needs please tick any of the following boxes that apply to you

Is your child disabled? Yes  No   
Are you a lone parent? Yes  No   
Are you or your child from an minority ethnic group? Yes  No

## Signature

- The information given on this form is correct to the best of my knowledge.
- I will abide by College/nursery regulations.
- I will inform the nursery of any changes to my details.
- I understand that I must be in attendance at the College in order for my child to attend the nursery.
- I agree to make an additional application for childcare funding (if appropriate).

By signing this form, you consent to Motherwell College holding and processing your personal data for all purposes connected with your studies in College and the College's statutory and business requirements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

All communication with the College is treated confidentially and is protected under the Data Protection Act 1988. Information provided will not be disclosed to a third party.

### For office use only

Date application received	Date of placement offer	Status on SI
<input type="text"/>	<input type="text"/>	<input type="text"/>
Start date	End date	Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>