

# 2 Year Old Early Learning and Childcare (ELC) Job Centre Form 2024/2025

(For August 2024 places do not complete until after 20/06/24)

Please complete relevant sections in Box 1, Box 2 or Box 3; without this information we will not be able to process this form.

Please tick if applicable – This information is not available via your local JobCentre Plus office.

Please supply a copy of your most recent Universal Credit Online Journal Statement.

R	ΛV	1

Universal Credit with a monthly earned income of	of not more than £796	
Box 2		
<b>Please tick all that apply</b> – If you have ticked any take this form to your JobCentre Plus office to be	•	:0
Income Support		
Income-based Job Seekers Allowance		
Any income-related element of the Employment	: & Support Allowance	
Support under Part VI of the Immigration and As	sylum Act 1999	
I can confirm that the benefit stated above.	(enter applicants name) is in receip	t of
JobCentre Plus Address Stamp:		
	Name of JobCentre Plus Of Telephone Nun	
	JobCentrePlus Officer Signa	ture:
	I	Date:
Box 3		
Please tick all that apply – This information is not lifyou are in receipt of the below please supply a Notice (TCAN) showing a breakdown of your housear.  Child Tax Credit but not Working Tax Credit and	a copy of your previous year's Tax Credit Awusehold earnings income for the previous to	vard
I CHILD TUN CICUIT DUTITIOT WOLKING TUN CICUIT UNU	YOUI IIICOIIIC ICOO CIIGII EED,DDD	I

Please return this form to Education, Moray Council, High Street, Elgin, IV30 1BX or email to <a href="mailto:ELCadmin@moray.gov.uk">ELCadmin@moray.gov.uk</a>

Both Child Tax Credit and Working Tax Credit with income up to £9,552

### <u>Privacy Notice – Early Learning and Childcare Registration Forms</u>

Moray Council collects and processes personal information in order to deliver services and fulfil its public functions. Privacy Notices are available to explain how personal information may be collected, used, stored, shared and securely disposed of, the legal basis for doing so and what your Data Subject Rights are. Privacy Notices are available from our website at <a href="http://www.moray.gov.uk/privacynotices">http://www.moray.gov.uk/privacynotices</a>

## How did you hear about funded 2 year old early learning and childcare? (Please tick which applies)

Doctor surgery	
Health visitor	
Nursery	
Possible eligibility 2's letter	
Website	
Word of mouth	

FORM 2024/2025

## PLEASE COMPLETE ALL SECTIONS ~ PLEASE COMPLETE USING INK & BLOCK CAPITALS

CHI	LD	DE.	ΤΑΙ	LS

Forenames						
Known As				Surname		
(if different from						
forename)						
Date of Birth				Sex (Male/Female)		
Child Address						
Postcode			Home telepho	ne number		
			Mobile teleph	one number		
Birth certificate no					(e.g. 280	2022 001)
(ensure a copy of					Ī	
certificate is attac	hed)					,, -,
Where was birth						Year Entry
certificate issued?	e.g.		Number Number		Number	
Scotland, Wales, etc)						
CHILD'S HEALTH II	NFORMAT	<u>ION</u>				
Does the child have	ve a long-t	erm illness, m	nedical conditi	on, disability or a	llergies?	YES / NO
If yes, please prov	ride details	s:				
Does the child have any special dietary			quirements?			YES / NO
If yes, please prov	ide detail:	s:				
Has there been a	profession	al assessment	t confirming d	isability?		YES / NO
Does the child have a Co-ordinated Sup		dinated Suppo	ort Plan or Chi	lds Plan (LIAP)?		YES / NO
Name & Address of Name of Health V						

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#### PLEASE COMPLETE ALL SECTIONS ~ PLEASE COMPLETE USING INK & BLOCK CAPITALS

LANGUAGE INFORMATION					, <b>J</b>				
Home language:									
Please list all othe	r languag	es spoken at	home:						
Does the child nee	ed suppor	t with Englisl	n language:		YES / NO	)			
CONTACT INFORM	1ATION: F	PARENTS/CAF	RERS						
Forename				Surna	ame				-
Title					ionship mother,				
				fathe					
Address					•				
(if different from									
child) Postcode			Daytima talam	hana					
Postcode		Daytime telephone number  Home telephone number							
		Mobile teleph							
Email address									
Notes	(e.g. can	(e.g. cannot be contacted at work)							
Can this parent/ca	arer be co	ntacted in th	e event of an e	merge	ncv? (ves	or n	0)		
				<u> </u>	, (,		,		
Forename				Suri	name				
Title				Rela	ationship				
Title					. mother,				
				fath	ier)				
Address									
(if different from									
child) Postcode			Daytime tele	phone	number				
- Osteode	Home telephone number								
	Mobile telephone number								
Email address	mail address								
Notes	(e.g. cannot be contacted at work)								

**REGISTRATION IS NOT THE SAME AS ENROLMENT** - This registration form should be completed if you wish to apply for a funded 2 year old Early Learning & Childcare place for your child.

Can this parent/carer be contacted in the event of an emergency? (yes or no)

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## PLEASE COMPLETE ALL SECTIONS ~ PLEASE COMPLETE USING INK & BLOCK CAPITALS

## **EQUALITY**

Child Ethnic Background (please tick one category	<b>(</b> )
White – Scottish	
White – Irish	
White – Other British	
White – Polish	
White – Other	
White – Gypsy/Traveller	
African – African/British/Scottish	
African – Other	
Asian – Bangladeshi/British/Scottish	
Asian – Chinese/British/Scottish	
Asian – Indian/British/Scottish	
Asian – Pakistani/British/Scottish	
Asian – Other	
Caribbean or Black – Caribbean/British/Scottish	
Caribbean or Black – Other	
Mixed or multiple ethnic groups	
Other – Arab	
Other – Other	
Not Disclosed	
Not Known	
Other:	

Child National Identity (please tick on	e)
British	
English	
Northern Irish	
Scottish	
Welsh	
Not Disclosed	
Not Known	
Other:	

Child Asylum Status	
(please tick where appropriate)	
Asylum Seeker	
Refugee	

Child Religion (please tick one category)	
Buddhist	
Christian	
Hindu	
Jewish	
Muslim	
Sikh	
Other Religion	
No Religion	
Not Disclosed	

I declare the information entered on this form to be correct.				
Name of person completing this form				
Signature			Date	

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PLEASE COMPLETE ALL SECTIONS ~ PLEASE COMPLETE USING INK & BLOCK CAPITALS

BEFORE RETURNING THIS FORM PLEASE ENSURE YOU COMPLETE THE CHECKLIST SECTION OVERLEAF TO ENSURE ALL RELEVANT DOCUMENTATION AND INFORMATION HAS BEEN INCLUDED. FAILURE TO COMPLETE ALL SECTIONS WILL RESULT IN THE FORM BEING RETURNED TO YOU FOR COMPLETION.

#### **CHECKLIST**

Have you completed all sections within this form?
Have you included a copy of your child's birth certificate?
Have you included a copy of your Universal Credit online Journal Statement or TCAN relating to Box 1 or
Box 3?
Have you taken the form to your local JobCentre Plus to verify Box 2 on page 1?
Have you signed and dated the form?
Have you completed the Equality section?
If applicable – have you included a copy of the Guardianship Order?

#### ALL SECTIONS MUST BE COMPLETED IN FULL OR FORM WILL BE RETURNED

Please return this completed form, with a copy of the child's birth certificate and supporting documents to: Education, Moray Council, Council Offices, High Street, Elgin, IV30 1BX (forms can be delivered to Moray Council Access Points or emailed to <a href="mailto:ELCadmin@moray.gov.uk">ELCadmin@moray.gov.uk</a>)

MORAY COUNCIL USE ONLY							
Birth Certificate seen?	YES / N	O Che	Checked by:				
		(sigr	(signature of				
		verif	ier)				
<b>DWP Claimant Check form</b>	YES / N	O Che	Checked by:				
completed?		(sigr	(signature of				
	ve		verifier)				
Guardianship Order Seen?	YES / N	O Che	Checked by:				
	(sign		gnature of				
		verif	ier)				
Funding start date	AUGUST		JANUARY			APRIL	
(please tick one)	2024		2025			2025	

A child whose date of birth is between:	Will be eligible for a funded place from:			
1 March 2022 and 31 August 2022	14 August 2024			
1 September 2022 and 31 December 2022	6 January 2025			
1 January 2023 and 28 February 2023	14 April 2025			