



2 Year Old Early Learning and Childcare (ELC) Job Centre Form 2026/2027

(For August 2026 places do not complete until after 22/06/26)

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

Box 1

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.

| | |
|---|--|
| Universal Credit with a monthly earned income of not more than £885 | |
|---|--|

Box 2

Please tick all that apply – If you have ticked any of the boxes in this table we require you to take this form to your JobCentre Plus office to be stamped in the box below.

| | |
|----------------|--|
| Income Support | |
|----------------|--|

| | |
|------------------------------------|--|
| Income-based Job Seekers Allowance | |
|------------------------------------|--|

| | |
|--|--|
| Any income-related element of the Employment & Support Allowance | |
|--|--|

| | |
|--|--|
| Support under Part VI of the Immigration and Asylum Act 1999 | |
|--|--|

I can confirm that _____ (enter applicants name) is in receipt of the benefit stated above.

JobCentre Plus Address Stamp:

Name of JobCentre Plus Officer:

Telephone Number:

JobCentrePlus Officer Signature:

Date:

Please return this form to Education, Moray Council, High Street, Elgin, IV30 1BX or email to ELCadmin@moray.gov.uk

2 YEAR OLD EARLY LEARNING AND CHILDCARE REGISTRATION

FORM 2026/2027

Privacy Notice – Early Learning and Childcare Registration Forms

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 <http://www.moray.gov.uk/privacynotices>

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 | |

ARMED FORCES FAMILIES

Parents/carers within the Armed Forces (Regular, Reserve and Veterans) are encouraged to ensure that the Nursery Manager of their child's ELC provider is aware of their service status so that the nursery is able to help to work in partnership to provide informed support if and when it is needed.

| Does the pupil have a parent/carer who is currently a serving member or have previously served in the Armed Forces? | | | YES / NO |
|---|--|---------|----------|
| Regular | | Reserve | |
| | | Veteran | |

CARE EXPERIENCED/LOOKED AFTER CHILDREN (LAC)

'Care Experience' may refer to children who have been adopted, receive Kinship care or Looked After Children (LAC).

As defined in the Children (Scotland) Act 1995:

- Kinship care is when a child is formally 'looked after' by their extended family or close friends, if they cannot remain with their birth parents
- A 'looked after child' is a child in the care of their local authority. This means the local authority is responsible for the child's care, protection and support.

| Is the child you are registering care experienced? | YES / NO |
|--|----------|
|--|----------|

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

CHILD DETAILS

| | | | |
|---|--|--------------------------------|--|
| Forenames | | | |
| Known As (if different from forename) | | Surname | |
| Date of Birth | | Sex (Male/Female) | |
| Child Address | | | |
| Postcode | | Home telephone number | |
| | | Mobile telephone number | |

| | | | |
|--|--|----------------------------|-------------------|
| Birth certificate number: (ensure a copy of the birth certificate is attached) | | (e.g. 280 2024 001) | |
| Where was birth certificate issued? (e.g. Scotland, Wales, etc) | | ↑ District Number | ↑ Year 2024 |
| | | ↑ Entry Number | ↑ 001 |

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CONTACT INFORMATION: PARENTS/CARERS

| | | | |
|---|------------------------------------|--|--|
| Forename | | Surname | |
| Title | | Relationship (e.g. mother, father) | |
| Address (if different from child) | | | |
| Postcode | | Daytime telephone number | |
| | | Home telephone number | |
| | | Mobile telephone number | |
| Email address | | | |
| Notes | (e.g. cannot be contacted at work) | | |
| Can this parent/carer be contacted in the event of an emergency? (yes or no) | | | |

| | | | |
|---|------------------------------------|--|--|
| Forename | | Surname | |
| Title | | Relationship (e.g. mother, father) | |
| Address (if different from child) | | | |
| Postcode | | Daytime telephone number | |
| | | Home telephone number | |
| | | Mobile telephone number | |
| Email address | | | |
| Notes | (e.g. cannot be contacted at work) | | |
| Can this parent/carer be contacted in the event of an emergency? (yes or no) | | | |

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.

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HEALTH INFORMATION

| | |
|---|-----------------|
| Does the child have a long-term illness, medical condition, disability that has been confirmed by professional assessment? | YES / NO |
| If yes, please provide details below: | |
| | |
| Has there been a professional assessment confirming disability? | YES / NO |
| Does the child have any additional support needs? | YES / NO |
| If yes, please provide details below: | |
| | |
| Does the child have any allergies? | YES / NO |
| If yes, please provide details below: | |
| | |
| Does the child have any dietary requirements? | YES / NO |
| If yes please provide details below: | |
| | |
| <p>If you have any other additional information about your child to share that will help guide the ELC settings then please ensure this is captured below. This could include things like whether your child is toilet trained, whether they need support with their speech or any other aspects of their development. Please note providing this information will allow settings to best meet the needs of your individual child.</p> | |
| | |
| Other information about the child you would like the centre to know: | |
| | |

| | |
|--|--|
| Name & Address of Doctors Surgery | |
|--|--|

LANGUAGE INFORMATION

| | |
|---|-----------------|
| Home language: | |
| Please list all other languages spoken at home: | |
| | |
| Does the child need support with English language: | YES / NO |

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

EQUALITY

| Child Ethnic Background (please tick one category) | |
|--|--|
| 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 one) | |
|---|--|
| 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 relating to Box 1?
- Have you taken the form to your local JobCentre Plus to verify Box 2 on page 1, if applicable?
- 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 ELCadmin@moray.gov.uk)

| MORAY COUNCIL USE ONLY | | | | | | |
|---|----------------|--|--|--|---------------|--|
| Birth Certificate seen? | YES / NO | | Checked by: (signature of verifier) | | | |
| DWP Claimant Check form completed? | YES / NO | | Checked by: (signature of verifier) | | | |
| Guardianship Order Seen? | YES / NO | | Checked by: (signature of verifier) | | | |
| Funding start date (please tick one) | AUGUST 2026 | | JANUARY 2027 | | APRIL 2027 | |

| A child whose date of birth is between: | Will be eligible for a funded place from: |
|---|---|
| 1 March 2024 and 31 August 2024 | 19 August 2026 |
| 1 September 2024 and 31 December 2024 | 6 January 2027 |
| 1 January 2025 and 28 February 2025 | 12 April 2027 |