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|  | 34 St Michael’s ParkBristol BS2 8BW(rear of the University Social Sciences Library)Tel: 0117 927 6077Email: university-nursery@bristol.ac.ukRegistered with Ofsted |

**APPLICATION FOR A NURSERY PLACE**

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| 1. | Child’s Forename(s): |  |
| Child’s Surname: |  |
| Name child goes by: |  |
| 2. | Date of Birth OR Due Date (dd/mm/yyyy): |  | 3. Gender (please circle): | M F |
| 4. | Child’s main Home Address(including postcode): |  |
| 5. | Family email address(es): | 1.2. |
| *Details of child’s carer 1:* |
| 6. | Name of carer 1: |  | 7. Telephone: | (home)(work) (mobile) |
| 8. | Are you (Carer 1) a **current** University of Bristol student  | Y N | If Y, name of course and student number? |
| 9. | Are you a current member of staff, please provide payroll number ( ) and name of Faculty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y N | (If carer 1 is UoB staff) Will you be eligible to join the nursery salary sacrifice scheme for payment of nursery fees? Y N N/A  |
| 10. | Expected course completion date **or** end of contract (if fixed term staff) dd/mm/yyyy |  | If you are a student, (please circle): | UndergraduatePostgraduate |
| 11. | Will you be a UoB staff member or student **when your child will start at the nursery?** | Student Y NStaff Y N | Further information (e.g. your start date): |

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| *Details of child’s carer 2:* |
| 12. | Name of carer 2: |  | 13. Telephone: | (home)(work) (mobile) |
| 14. | Are you (carer 2) a **current** University of Bristol student  | Y N | If Y, name of course and student number? |
| 15. | Are you a current member of staff, please provide payroll number ( ) and name of faculty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y N | (If carer 2 is UoB staff) Will you be eligible to join the nursery salary sacrifice scheme for payment of nursery fees? Y N N/A |
| 16. | Expected course completion date **or** end of contract (if fixed term staff) dd/mm/yyyy |  | If you are a student, (please circle)  | UndergraduatePostgraduate |
| 17. | Will you be a UoB staff member or student **when your child will start at the nursery?** | Student Y NStaff Y N | Further information (e.g. your start date): |

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| 18. | Names and dates of birth of other children in family living at same address |  |
| 19. | I would like to apply for a nursery place to start from (dd/mm/yyyy) |  |

20. Please indicate your nursery requirements in the table below (**Note: Please indicate in the comments box if your requirements are flexible, e.g. any 3 days, no half days or Monday plus any other day, can be half days etc**.)

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| **DAY** | **AM** | **LUNCH** | **PM** | **COMMENTS** |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |

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| 21. | Please tick your intended usage of the nursery: | Full Year ❑ | University Term Only ❑*Option only available to student parents* | Holidays Only ❑ |
| 22. | I declare the information on this form to be correct to the best of my knowledge: | Your signature: | Date: |