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**A close-up of a white background

Description automatically generated**

**APPLICATION FOR A NURSERY PLACE**

*Please read and refer to the UNPA Privacy Statement with regards to how we collect and store personal information. It is an Ofsted and an Early Years Foundation Stage Statutory Framework requirement for us to hold certain information*

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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. | Title (Mr/Mrs/Miss) |  | 7. Telephone: | (home)  (work)  (mobile) |
| Name of carer 1: |  |
| 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 | |
| 9a. | Are you a: Visiting academic / Pathway 1 / Pathway 2 / Pathway 3 / Professional services / Other (please circle) | | | |
| 10. | Expected course completion date **or** end of contract (if fixed term staff) dd/mm/yyyy |  | If you are a student, (please circle): | Undergraduate  Postgraduate |
| 11. | Will you be a UoB staff member or student **when your child will start at the nursery?** | Student  Y N  Staff  Y N | Further information (e.g. your start date): | |

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| --- | --- | --- | --- | --- | --- |
| *Details of child’s carer 2:* | | | | | |
| 12. | Title (Mr/Mrs/Miss): |  | 13. Telephone: | (home)  (work)  (mobile) | |
| Name of carer 2: |  |
| 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 | | |
| 15a. | Are you a: Visiting academic / Pathway 1 / Pathway 2 / Pathway 3 / Professional services / Other (please circle) | | | | |
| 16. | Expected course completion date **or** end of contract (if fixed term staff) dd/mm/yyyy |  | If you are a student, (please circle) | | Undergraduate  Postgraduate |
| 17. | Will you be a UoB staff member or student **when your child will start at the nursery?** | Student  Y N  Staff  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 |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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: | |