

# Application Form - Two Year Old Offer



BEDFORD BOROUGH COUNCIL

## Childs Details:

Child's full name:	
Child's permanent address:	
	Post code:
Child's date of birth:	Gender: Male / Female
Is your child attending a setting or on a waiting list, if so, which one?	

## Parents / Carers Details:

Parent / Carers' full name:	
Parent / Carers' DOB:	National Insurance No.
Telephone number:	
Email address:	
Spouse / Partner's full name:	
Spouse / Partner's DOB:	National Insurance No.
Telephone number:	
Email address:	

## Preference for Childcare:

Which preschool / nursery / childminder would you like to use?
Please note, whilst we will do everything we can do ensure your preferences are met this might not be possible in every instance.

## Children's Centres:

Is the child registered with a Children's Centre?    Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, please tell us with which Children's Centre?
If the child is not registered, you can do this prior to the application being assessed. If you need assistance with registration you can contact your local Children's Centre directly or find details of local Children's Centres by calling the Family Information Service on 0800 023 2057 or emailing <a href="mailto:FIS@bedford.gov.uk">FIS@bedford.gov.uk</a>

## Eligibility:

Children will be eligible if they are from families with a low income (below £16,190 per year) and receive benefits such as income support, employment or job seekers allowance and provision for those seeking asylum. This will be checked against a national database using details provided on this application form.

**Is the child currently looked after by the local authority?**

Yes  No

**Has the child left care through a special guardianship, an adoption or residence order?**

Yes  No

**Please send any supporting paperwork with form**

**Does the child have a current statement of educational needs or an Education, Health and Care plan? Yes  No**

**Name of Lead Professional:**

**Please send any supporting paperwork with form**

**Is the child in receipt of the Disability Living Allowance?**

Yes  No

**Please send any supporting paperwork with form**

## Parent /Carer:

**I consent to:**

- my National Insurance No. being used to check against a database to determine whether my child is eligible
- this form being shared with other professionals to enable the offer of childcare and any additional support to be arranged.

**Signature:**

**Date:**

**Please send completed form to:**

Dawn Wilson  
Bedford Borough Council  
5<sup>th</sup> Floor, Borough Hall  
Cauldwell Street  
Bedford  
MK42 9AP

## What happens next?

We will inform you of the outcome of your application within 10 working days of receipt.

If you need assistance to find a place at a Nursery or a Pre-school, this can be provided by our outreach officer.