

## CORE DATA RECORDING



<b>CHILD'S INFORMATION</b>	<b>PREGNANT WOMAN/ PARENT / CARER INFORMATION</b>	<b>REFERRER INFORMATION</b>
First Name	First Name	Name of referrer
Surname	Surname	Self Referral
Flat/House number	Flat/House number	Referrer address
Street Name	Street Name	Street Name
Postcode	Postcode	Postcode
Contact telephone and/or mobile number	Contact telephone and/or mobile number	Contact telephone and/or mobile number
Emergency contact number	Emergency contact number	Emergency contact number
Date of Birth	Date of Birth	
District Number on Birth Certificate	Ethnicity	
Entry Number on Birth Certificate		
Disability/Ethnicity	Disability	
Name of School or Nursery		
Reason for the referral/request for assistance	Reason for the referral/request for assistance	Reason for the referral/request for assistance
What is the Child's view of the referral	What is the parents view of the referral	Is the family aware of the referral/request for assistance
Name of GP	Family Strengths	List any health and safety issues for staff.
Name of Health Visitor	Informal support networks	
Name of Dentist	Other family members	
Out of School care services	Name of significant male in the child's life	
Legal Status	Household status	
CHI number <sup>1</sup> (where known)		

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SCN number <sup>2</sup> (where known)		
Name of Siblings		
Address of Siblings		
Hobbies, likes and dislikes		
List Agencies currently involved with the child	List Agencies currently involved with the family	
List Agencies previously involved with the child	List Agencies previously involved with the family	
Is there a Named Person or Lead Professional		Is there a Named Person or Lead Professional
What outcome are you working with the child to achieve?	What outcome are you working with the family to achieve?	

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347 Caledonia Road, Glasgow, G5 0JY  
0141 429 1140

Thank you for your application form for a placement within Task Childcare Family Support & Learning Centre, as part of your child's induction into our service and before your nursery placement begins we offer a home visiting service that would introduce yourself and your child to the centre and to their allocated keyworker who will be responsible for your child when they start our nursery.

The service is very informal and would consist of a visit to your home by a senior practitioner and keyworker where all the necessary paper work would be completed. Your child would be introduced to the keyworker beginning the transition from home to nursery where the settling in procedure would continue.

Please sign below to confirm you are happy to participate in our induction into our centre

Name of Child .....

Date of Birth .....

Name of Mum/Dad.....

Signature of Mum/Dad.....

Date.....



## Nursery Application Form

Date of application:..... Start Date of Placement:.....  
Birth Certificate Check.....Induction Date .....

About your child:

Name:.....

Address:.....  
.....  
.....

Tel No.:..... Date of Birth:.....

What year will your child began school:.....

Name of School:.....

Does your child have any health/Medical problems?:.....  
.....  
.....

Is there anything we should know regarding your child's toileting habits?:  
.....  
.....

Does your child have any dietary requirements?:.....  
.....  
.....

Does your child speak only English at home? Yes No

Other Languages:.....

What is your child's main language?:.....  
.....  
.....

Is their anything about your child's development that concerns you?:  
.....  
.....  
.....



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### Nursery Application (cont)

#### About you and your family:

Mum/Guardians Name: .....

Dad/Guardians Name: .....

Address: .....

.....

.....

Tele No.: .....

Occupation: .....

Place of Work: .....

Time/Shifts Worked: .....

To which council do you pay Community Tax?: Glasgow: .....

Other: .....

#### Are there any other children in the family?:

Names	D.o.B
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.....	.....
-------	-------

.....	.....
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.....	.....
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.....	.....
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Is there anything about your family circumstances which may mean you wish your child to be considered for a priority place? If so can you tell us why:

.....

.....

.....

.....

All information is strictly confidential and will only be shared with the relevant people.

Please provide details of times and days you require.

Monday: .....

Tuesday: .....

Wednesday: .....

Thursday: .....

Friday: .....



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### Nursery Application (cont)

#### Outside agencies involved with your family

Doctors Name: .....

Address: .....

.....

.....

Tele No.: .....

Health Visitor: .....

Are there any other professionals currently involved with your family (e.g. social worker, Health service personnel that may be able to support your application):

Yes

No

If you have answered yes to the above please state:

.....  
.....  
.....

#### Current Childcare Arrangements

Who normally looks after your child?: .....

Does your child attend any nursery or pre-five group?: Yes No

If you answered yes to the above please state: .....

#### Declaration

I declare that the information given is correct and that I have received a copy of T.A.S.K Childcare's Policies and Procedures

Parent/Carer's Signature: ..... Date: .....



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### Consent Form

I consent for my son/daughter.....to participate in any activities within/outside the premises under the supervision of Task Staff:

Address:.....

Date of Birth:.....

Parents Name.....Signature.....

Telephone:.....Mobile:.....

Does your child suffer from any illness that may cause concern?:

.....  
.....  
.....

Does your child have any dietary requirements?:

.....  
.....  
.....

Does your child have any allergies?:

.....  
.....

Name of Parent/Carer:.....

Address:.....

Tele No.:.....

### Emergency Contact

Name:.....

Address:.....

.....  
.....

Tele No.:.....

Please give name and telephone number of Doctor:

.....  
.....

Mum/Dad signature..... Date.....



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Dear Mum/Dad

Please provide the relevant documentation that we require to offer your child a community space at Task.

As you may be aware we are funded by Glasgow City Council to provide childcare for the community at a reasonable cost, this service is solely for member of the Gorbals community. Task also offers private childcare to applicants out with the G5 area.

Please provide the following:

Birth Certificate:

Employment Detail:.....

Hours of employment:.....

Proof of address:.....  
(i.e. utility bill)





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## Adult Nomination Form

Dear Mum/Dad/Guardians

It appears from recent staff observation that children are being picked up by adults who have not been nominated on the registration form. I am sure you will agree that the safety and security of the children who attend our project is paramount. It is important that we tighten up the present security measures for the collection of your children.

We would be grateful if you would please list below any other adults that you nominate to pick up your child/children.

Child's Name: .....

Password: .....

Do you authorise anyone to collect your child without prior notice?

Yes

No

If you answered yes to the above please state:

1. ....

3. ....

2. ....

4. ....

5. ....

6. ....

May we express that no child will be given to anyone who is not named above. (in case of emergencies it is important to contact the project by telephone if any other person is collecting your child/children). Please take the time and complete this form and return to Task as soon as possible.



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We are committed to Equal Opportunities within our establishment and, as part of this policy, all applicants for placement are asked to complete the details requested below. The information will be used only for the purposes of monitoring the policy and it will be separated from your application. The information it contains will not be used in deciding whether or not to offer you a placement within our establishment

Please complete Childs Details below :

Surname.....	Title.....
Forenames.....	Home Telephone
Address.....	Parents Work Telephone No
.....	
.....	
Date of Birth.....	Age.....

I would describe my ethnic origin as (please tick appropriate box):

- |   |                          |                 |   |                          |             |
|---|--------------------------|-----------------|---|--------------------------|-------------|
| A | <input type="checkbox"/> | White -UK       | F | <input type="checkbox"/> | Indian      |
| B | <input type="checkbox"/> | White-other     | G | <input type="checkbox"/> | Pakistani   |
| C | <input type="checkbox"/> | Black-Caribbean | H | <input type="checkbox"/> | Bangladeshi |
| D | <input type="checkbox"/> | Black-African   | I | <input type="checkbox"/> | Chinese     |
| E | <input type="checkbox"/> | Black- Other    |   |                          |             |

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Country of birth : 1.  UK 2.  Other EC 3.  Other

My sex is (tick as appropriate): 1.  Male 2.  Female

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Family Status is (please tick appropriate box): 1.  Single Parent 2.  Two Parent 3.  Other

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Does the applicant have an Additional Support Need (please tick appropriate box):

1.  Yes 2.  No

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As a parent do you have prime responsibility for caring for children: Yes  No

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As a parent do you have prime responsibility for caring for an elderly relative or a relative with additional support needs Yes No

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Thank your for taking time to complete the above Information