South Ayrshire is committed to providing a high quality early learning and childcare experience for all our children, where they gain vital language and learning skills and improve their social development in a high quality early learning and childcare setting.

If you, the parent/carer, meet any of the following criteria please complete this application form.

- Income Support
- Job Seekers Allowance (Income based)
- Incapacity Benefit or Severe Disablement Allowance
- Child Tax Credit Where household income is £16,105 or less
- Child Tax Credit and Working Tax Credit where household income is £7320 or less
- Universal Credit where net earned income is £610 or less per month
- State Pension Credit
- Any income related to element of Employment and Support Allowance
- Support under Part V of the Immigration and Asylum Act 1999
- Is your two year old (or have they been at any point since turning two) looked after by the Local Authority or the subject of a Kinship Care or Guardianship Order?

You will be required to provide evidence of your benefit and your child’s birth certificate to support your application. Applications cannot be processed without your child’s birth certificate. Applications cannot be accepted prior to your child’s 2nd birthday.

When is my child eligible for a two year old early years placement?

<table>
<thead>
<tr>
<th>If your child’s birthday is between:</th>
<th>Then your child can start:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 March – 31 August</td>
<td>August following their birthday</td>
</tr>
<tr>
<td>1 September – 31 December</td>
<td>January following their birthday</td>
</tr>
<tr>
<td>1 January – last day of February</td>
<td>March/April following their birthday</td>
</tr>
</tbody>
</table>

Is your child guaranteed the centre of your choice?

While every effort will be made to provide access to childcare within each local area it may not always be possible. Parents/carers may choose not to accept the offer of early learning and childcare. Transport will not be provided for children accessing early learning and childcare places.

Do you require any further information please contact:

Educational Services
County Buildings
Wellington Square
AYR KA7 1DR
Tel: (01292) 612281
www.south-ayrshire.gov.uk/schools

If you require any further information please contact:

Educational Services
County Buildings
Wellington Square
AYR KA7 1DR
Tel: (01292) 612281
www.south-ayrshire.gov.uk/schools

If you know anyone who is registered blind or has a visual impairment? If you do and you think that they would like a larger print version or an audio cassette version of the text contact Council staff on: 0300 123 9900

www.south-ayrshire.gov.uk
Part 1

Child's Details:
Surname: .................................................................
Forename: ............................................................................................
Known as: ............................................................................................
Gender: Male ☐ Female ☐
DOB: ............................................................................................
District No. ............................................................................................
Year ............................................................................................
Enter No. ............................................................................................
Certificate Enclosed ☐
Birth Certificate No. ............................................................................................
Address: ............................................................................................
Postcode: ............................................................................................

Parent/Carer 1 Contact Details:
Title: ............................................................................................
Forename: ............................................................................................
Surname: ............................................................................................
Relationship to child: ............................................................................................
Address: ............................................................................................
Town: ............................................................................................
Postcode: ............................................................................................
Tel. No. (Home): ............................................................................................
Tel. No. (Work): ............................................................................................
Tel. No. (Mobile): ............................................................................................
Email: ............................................................................................
Known as: ............................................................................................
Gender: Male ☐ Female ☐
DOB: ............................................................................................
Address: ............................................................................................
Town: ............................................................................................
Postcode: ............................................................................................
Tel. No. (Home): ............................................................................................
Tel. No. (Work): ............................................................................................
Tel. No. (Mobile): ............................................................................................
Email: ............................................................................................
Known as: ............................................................................................
Relationship to child: ............................................................................................

Parent/Carer 2 Contact Details:
Title: ............................................................................................
Forename: ............................................................................................
Surname: ............................................................................................
Relationship to child: ............................................................................................
Address: ............................................................................................
Town: ............................................................................................
Postcode: ............................................................................................
Tel. No. (Home): ............................................................................................
Tel. No. (Work): ............................................................................................
Tel. No. (Mobile): ............................................................................................
Email: ............................................................................................
Relationship to child: ............................................................................................

Medical, Additional Support Needs and Siblings:
Practice Name: ............................................................................................
Practice Address: ............................................................................................
Tel. No. ............................................................................................
Health Visitor's Name: ............................................................................................
Medical Information
Does your child receive any regular medication? Yes ☐ No ☐
Name of Medication(s): ............................................................................................

General Health: – Please give details of any medical condition of which the school should be aware of

Additional Support Needs:
Is there any additional support needs information which would help us to support your child in the Early Years Centre?
Yes ☐ No ☐ If yes, please give details below

Other children in the family:
Name: ............................................................................................
Age: ............................................................................................
Enter Years Centre/School Attending

I declare that the information provided by me is a true and accurate statement of my circumstances.
Signature of Parent/Carer: ............................................................................................ Date / /

Part 2 – Qualifying Benefits Only

Only to be completed if you are applying because you are receiving one of the qualifying benefits highlighted on the front of this form.

On completing you should take this form, letter of award and your child's birth certificate to your local Customer Contact Centre.

Customer Contact Centres: (Opening times: Mon.-Thurs 9:00am – 4:45pm, Friday 9:00am – 4pm)
• The Wallace Tower, 172-176 High Street, Ayr KA7 1PZ
• 64 High Street, Maybole KA19 7BZ
• 2-4 The Cross, Prestwick KA9 1AN
• Municipal Buildings, South Beach, Troon KA10 6EF
• 17-19 Knockcushan Street, Girvan, KA26 9AG

Applicant Name:
Surname: ............................................................................................
Forename: ............................................................................................
National Insurance Number: ............................................................................................
Applicant Address:
Address: ............................................................................................
Postcode: ............................................................................................
Tel. No.: ............................................................................................

For Office Use – Customer Services Team
I can confirm that the named applicant is in receipt of the following benefit: (Tick as appropriate)

- Income Support (IS)
- Income Based Job Seekers Allowance
- Child Tax Credit Where household income is £16,105 or less
- Child Tax Credit and Working Tax Credit where household income is £16,105 or less
- Universal Credit where net earned income is £9,105 or less
- Child Tax Credit and Working Tax Credit where household income is £9,105 or less
- Incapacity or Severe Disablement Allowance
- Asylum Act 1999
- State Pension Credit
- Incapacity or Severe Disablement Allowance
- Support under Pt. I of the Immigration and Asylum Act 1999
- Any income related to element of Employment and Support Allowance

I declare that the information provided by me is a true and accurate statement of my circumstances.
Signature of Parent/Carer: ............................................................................................ Date / /

Signature of Customer Services Advisor: ............................................................................................ Date / /

Date of Letter: ________________________
Total Income: ________________________
Tax Year: ________________________

Name of Customer Services Advisor: ___________________________________________________________

For Office Use – Customer Services Team
I can confirm that the named applicant is in receipt of the following benefit: (Tick as appropriate)

- Income Support (IS)
- Income Based Job Seekers Allowance
- Child Tax Credit Where household income is £16,105 or less
- Child Tax Credit and Working Tax Credit where household income is £16,105 or less
- Universal Credit where net earned income is £9,105 or less
- Child Tax Credit and Working Tax Credit where household income is £9,105 or less
- Incapacity or Severe Disablement Allowance
- Asylum Act 1999
- State Pension Credit
- Incapacity or Severe Disablement Allowance
- Support under Pt. I of the Immigration and Asylum Act 1999
- Any income related to element of Employment and Support Allowance

I declare that the information provided by me is a true and accurate statement of my circumstances.
Signature of Parent/Carer: ___________________________________________________________

Signature of Customer Services Advisor: ___________________________________________________________

Date of Letter: ________________________
Total Income: ________________________
Tax Year: ________________________

Name of Customer Services Advisor: ___________________________________________________________

Date of Letter: ________________________
Total Income: ________________________
Tax Year: ________________________

I can confirm that the named applicant is in receipt of the following benefit: (Tick as appropriate)

- Income Support (IS)
- Income Based Job Seekers Allowance
- Child Tax Credit Where household income is £16,105 or less
- Child Tax Credit and Working Tax Credit where household income is £16,105 or less
- Universal Credit where net earned income is £9,105 or less
- Child Tax Credit and Working Tax Credit where household income is £9,105 or less
- Incapacity or Severe Disablement Allowance
- Asylum Act 1999
- State Pension Credit
- Incapacity or Severe Disablement Allowance
- Support under Pt. I of the Immigration and Asylum Act 1999
- Any income related to element of Employment and Support Allowance

I declare that the information provided by me is a true and accurate statement of my circumstances.
Signature of Parent/Carer: ___________________________________________________________

Signature of Customer Services Advisor: ___________________________________________________________

Date of Letter: ________________________
Total Income: ________________________
Tax Year: ________________________

Name of Customer Services Advisor: ___________________________________________________________

Date of Letter: ________________________
Total Income: ________________________
Tax Year: ________________________

I can confirm that the named applicant is in receipt of the following benefit: (Tick as appropriate)

- Income Support (IS)
- Income Based Job Seekers Allowance
- Child Tax Credit Where household income is £16,105 or less
- Child Tax Credit and Working Tax Credit where household income is £16,105 or less
- Universal Credit where net earned income is £9,105 or less
- Child Tax Credit and Working Tax Credit where household income is £9,105 or less
- Incapacity or Severe Disablement Allowance
- Asylum Act 1999
- State Pension Credit
- Incapacity or Severe Disablement Allowance
- Support under Pt. I of the Immigration and Asylum Act 1999
- Any income related to element of Employment and Support Allowance

I declare that the information provided by me is a true and accurate statement of my circumstances.
Signature of Parent/Carer: ___________________________________________________________

Signature of Customer Services Advisor: ___________________________________________________________

Date of Letter: ________________________
Total Income: ________________________
Tax Year: ________________________

Name of Customer Services Advisor: ___________________________________________________________

Date of Letter: ________________________
Total Income: ________________________
Tax Year: ________________________

I can confirm that the named applicant is in receipt of the following benefit: (Tick as appropriate)

- Income Support (IS)
- Income Based Job Seekers Allowance
- Child Tax Credit Where household income is £16,105 or less
- Child Tax Credit and Working Tax Credit where household income is £16,105 or less
- Universal Credit where net earned income is £9,105 or less
- Child Tax Credit and Working Tax Credit where household income is £9,105 or less
- Incapacity or Severe Disablement Allowance
- Asylum Act 1999
- State Pension Credit
- Incapacity or Severe Disablement Allowance
- Support under Pt. I of the Immigration and Asylum Act 1999
- Any income related to element of Employment and Support Allowance

I declare that the information provided by me is a true and accurate statement of my circumstances.
Signature of Parent/Carer: ___________________________________________________________

Signature of Customer Services Advisor: ___________________________________________________________

Date of Letter: ________________________
Total Income: ________________________
Tax Year: ________________________

Name of Customer Services Advisor: ___________________________________________________________

Date of Letter: ________________________
Total Income: ________________________
Tax Year: ________________________

I can confirm that the named applicant is in receipt of the following benefit: (Tick as appropriate)

- Income Support (IS)
- Income Based Job Seekers Allowance
- Child Tax Credit Where household income is £16,105 or less
- Child Tax Credit and Working Tax Credit where household income is £16,105 or less
- Universal Credit where net earned income is £9,105 or less
- Child Tax Credit and Working Tax Credit where household income is £9,105 or less
- Incapacity or Severe Disablement Allowance
- Asylum Act 1999
- State Pension Credit
- Incapacity or Severe Disablement Allowance
- Support under Pt. I of the Immigration and Asylum Act 1999
- Any income related to element of Employment and Support Allowance

I declare that the information provided by me is a true and accurate statement of my circumstances.
Signature of Parent/Carer: ___________________________________________________________

Signature of Customer Services Advisor: ___________________________________________________________

Date of Letter: ________________________
Total Income: ________________________
Tax Year: ________________________

Name of Customer Services Advisor: ___________________________________________________________

Date of Letter: ________________________
Total Income: ________________________
Tax Year: ________________________

I can confirm that the named applicant is in receipt of the following benefit: (Tick as appropriate)

- Income Support (IS)
- Income Based Job Seekers Allowance
- Child Tax Credit Where household income is £16,105 or less
- Child Tax Credit and Working Tax Credit where household income is £16,105 or less
- Universal Credit where net earned income is £9,105 or less
- Child Tax Credit and Working Tax Credit where household income is £9,105 or less
- Incapacity or Severe Disablement Allowance
- Asylum Act 1999
- State Pension Credit
- Incapacity or Severe Disablement Allowance
- Support under Pt. I of the Immigration and Asylum Act 1999
- Any income related to element of Employment and Support Allowance

I declare that the information provided by me is a true and accurate statement of my circumstances.
Signature of Parent/Carer: ___________________________________________________________

Signature of Customer Services Advisor: ___________________________________________________________

Date of Letter: ________________________
Total Income: ________________________
Tax Year: ________________________

Name of Customer Services Advisor: ___________________________________________________________

Date of Letter: ________________________
Total Income: ________________________
Tax Year: ________________________
Part 1
Child’s Details:
Surname: ____________________________________________ Forename: ____________________________________________
Parents/Carers 1 Contact Details:
Gender: Male ☐ Female ☐ DOB: ____________________________________________
Address: ____________________________________________________________________________________________________________
Postcode: __________________________________________________________________________
Eligible Reason: Benefits ☐ LAAC ☐ Kinship Care/Guardianship order ☐
Title: ___________________________ Forename: ____________________________________________
Surname: ____________________________________________
Tel. No. (Home): ___________________________ Email: ____________________________________________
Can Collect: Yes ☐ No ☐ Relationship to child: ____________________________________________
Parent/Carer 2 Contact Details:
Title: ___________________________ Forename: ____________________________________________
Surname: ____________________________________________
Tel. No. (Home): ___________________________ Email: ____________________________________________
Can Collect: Yes ☐ No ☐ Relationship to child: ____________________________________________

Part 2 – Qualifying Benefits Only
Only to be completed if you are applying because you are receiving one of the qualifying benefits highlighted on the front of this form.
Once completed you should take this form, letter of award and your child’s birth certificate to your local Customer Contact Centre.

Customer Contact Centres:
- The Wallace Tower, 172-176 High Street, Ayr KA7 1PZ
- 64 High Street, Maybole KA19 7BZ
- 2-4 The Cross, Prestwick KA9 1AN
- Municipal Buildings, South Beach, Troon KA10 6EF
- 17-19 Knockrauchshan Street, Girvan, KA26 9AG

Applicant Name:
Surname: ____________________________________________
Forename: ____________________________________________
National Insurance Number: ____________________________________________
Applicant Address:
Address: ____________________________________________________________________________________________________________
Postcode: __________________________________________________________________________

For Office Use – Customer Services Team
I can confirm that the named applicant is in receipt of the following benefit(s): (Tick as appropriate)

Income Support (IS) ☐ Any income related to element of Employment and Support Allowance ☐
Income Based Job Seekers Allowance ☐ Support under Part IV of the Immigration and Asylum Act 1999 ☐
Child Tax Credit Where household income is £16,105 or less ☐ State Pension Credit ☐
Child Tax Credit and Working Tax Credit where household income is £16,105 or less ☐ Incapacity or Severe Disablement Allowance ☐
Universal Credit where net earned income is £619 or less per month ☐

Tax Credit Award Letter
CTC Only

Name of Customer Services Advisor: ____________________________________________ Date / /
Part 1
Child’s Details:
Surname: ..............................................  Forename: ....................................................
Address: ...............................................................................................................................................  Postcode: ..............................................
Email: ..............................................................  Tel. No. (Work): ..............................................
Tel. No. (Home): ..............................................  Tel. No. (Mobile): ..............................................
Relationship to child: ..............................................
Parent/Carer 1 Contact Details:
Surname: ..............................................  Forename: ....................................................
Address: ...............................................................................................................................................  Postcode: ..............................................
Email: ..............................................................  Tel. No. (Work): ..............................................
Tel. No. (Home): ..............................................  Tel. No. (Mobile): ..............................................
Relationship to child: ..............................................
Parent/Carer 2 Contact Details:
Surname: ..............................................  Forename: ....................................................
Address: ...............................................................................................................................................  Postcode: ..............................................
Email: ..............................................................  Tel. No. (Work): ..............................................
Tel. No. (Home): ..............................................  Tel. No. (Mobile): ..............................................
Relationship to child: ..............................................

Medical, Additional Support Needs and Siblings:
Practice Name: ..............................................
Practice Address: ..............................................
Tel. No.: ..............................................................
Health Visitor’s Name: ..............................................
Medical Information
Does your child receive any regular medication?  Yes ☐  No ☐
Name of Medication(s): ..............................................

Additional Support Needs:
Is there any additional support needs information which would help us to support your child in the Early Years Centre?  Yes ☐  No ☐
If yes, please give details below:  .............................................................................................................................................

Other children in the family:
Name: ..............................................  Age: ..............................................
Early Years Centre/School Attending: ..............................................

I declare that the information provided by me is a true and accurate statement of my circumstances.

Signature of Parent/Carer: ..............................................

Date / /
South Ayrshire is committed to providing a high quality early learning and childcare experience for all our children, where they gain vital language and learning skills and improve their social development in a high quality early learning and childcare setting.

If you, the parent/carer, meets any of the following criteria please complete this application form.

- Income Support
- Job Seekers Allowance (Income based)
- Incapacity Benefit or Severe Disablement Allowance
- Child Tax Credit Where household income is £16,105 or less
- Child Tax Credit and Working Tax Credit where household income is £6420 or less
- Universal Credit where net earned income is £610 or less per month
- State Pension Credit
- Any income related to element of Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- Is your two year old (or have they been at any point since turning two) looked after by the Local Authority or the subject of a Kinship Care or Guardianship Order?

If your child’s birthday is between: Then your child can start:

- 1 March and 31 August: August following their birthday
- 1 September – 31 December: January following their birthday
- 1 January – last day of February: March/April following their birthday

You will be required to provide evidence of your benefit and your child’s birth certificate to support your application. Applications cannot be processed without your child’s birth certificate. Applications cannot be accepted prior to your child’s 2nd birthday.

Am I guaranteed the centre of my choice?

While every effort will be made to provide access to childcare within each local area it may not always be possible. Parent/care may choose not to accept the offer of early learning and childcare. Transport will not be provided for children accessing early learning and childcare places.

How we will use information about you and your child

It is up to us to keep your information safe. We will only collect the minimum amount of personal information we need to process your application. We will ensure your privacy and that your personal data is kept confidential. We will use the information you have provided with relevant bodies as is permitted by law.

If you would like more information please contact Educational Services on 01292 612281.

South Ayrshire is committed to providing a high quality early learning and childcare experience for all our children, where they gain vital language and learning skills and improve their social development in a high quality early learning and childcare setting.

If you, the parent/carer, meet any of the following criteria please complete this application form.

- Income Support
- Job Seekers Allowance (Income based)
- Incapacity Benefit or Severe Disablement Allowance
- Child Tax Credit Where household income is £16,105 or less
- Child Tax Credit and Working Tax Credit where household income is £6420 or less
- Universal Credit where net earned income is £610 or less per month
- State Pension Credit
- Any income related to element of Employment and Support Allowance
- Support under Part Vl of the Immigration and Asylum Act 1999
- Is your two year old (or have they been at any point since turning two) looked after by the Local Authority or the subject of a Kinship Care or Guardianship Order?

If your child's birthday is between:

- Then your child can start:
  - 1 March and 31 August: August following their birthday
  - 1 September – 31 December: January following their birthday
  - 1 January – last day of February: March/April following their birthday

You will be required to provide evidence of your benefit and your child’s birth certificate to support your application. Applications cannot be processed without your child’s birth certificate. Applications cannot be accepted prior to your child's 2nd birthday.

Is my child eligible for a two year old early years placement?

Do you know anyone who is registered blind or has a visual impairment? If you do and you think that they would like a larger print version or an audio cassette version of the text contact Council staff on: 0300 123 0900

If your child's birthday is between: Then your child can start:

- 1 March and 31 August: August following their birthday
- 1 September – 31 December: January following their birthday
- 1 January – last day of February: March/April following their birthday

When is my child eligible for a two year old early years placement?

You will be required to provide evidence of your benefit and your child’s birth certificate to support your application. Applications cannot be accepted without your child’s birth certificate.

Is my child guaranteed the centre of my choice?

While every effort will be made to provide access to childcare within each local area it may not always be possible. Parent/carer may choose not to accept the offer of early learning and childcare. Transport will not be provided for children accessing early learning and childcare places.

How will we use information about you and your child?

We will use information about you and your child to process your application. Applications cannot be accepted prior to your child's 2nd birthday.

If you require any further information please contact: Educational Services

County Buildings Wellton Square AYR KA7 1DR
Tel: (01292) 612162
www.south-ayrshire.gov.uk/schools

Do you know anyone who is registered blind or has a visual impairment? If you do and you think that they would like a larger print version or an audio cassette version of the text contact Council staff on: 0300 123 0900