

2 Year Old Early Learning and Childcare (ELC) Job Centre Form 2023/2024

(For August 2023 places do not complete until after 20/06/23)

Please complete relevant sections in Box 1, Box 2 or Box 3; without this information we will not be able to process this form.

Please tick if applicable – This information is not available via your local JobCentre Plus office.

I	2	\cap	Y	1

Please supply a copy of your most recent Universal Credit Online Journal Statement.	
Universal Credit with a monthly earned income of not more than £796	
Box 2	
Please tick all that apply – If you have ticked any of the boxes in this table we require you	to
take this form to your JobCentre Plus office to be stamped in the bow below.	
Income Support	
Income-based Job Seekers Allowance	
Any income-related element of the Employment & Support Allowance	
Support under Part VI of the Immigration and Asylum Act 1999	
I can confirm that (enter applicants name) is in receip the benefit stated above.	t of
JobCentre Plus Address Stamp:	
Name of JobCentre Plus Of	ficer:
Telephone Nur	nber:
JobCentrePlus Officer Signa	ature:
	Date:
Box 3	
Please tick all that apply – This information is not available via your local JobCentre Plus of If you are in receipt of the below please supply a copy of your previous year's Tax Credit Av Notice (TCAN) showing a breakdown of your household earnings income for the previous tyear.	vard
Child Tax Credit but not Working Tax Credit and your income less than £19,995	

Please return this form to Education, Moray Council, High Street, Elgin, IV30 1BX or email to ELCadmin@moray.gov.uk

Both Child Tax Credit and Working Tax Credit with income up to £9,552

Privacy Notice – Early Learning and Childcare Registration Forms

Moray Council collects and processes personal information in order to deliver services and fulfil its public functions. Privacy Notices are available to explain how personal information may be collected, used, stored, shared and securely disposed of, the legal basis for doing so and what your Data Subject Rights are. Privacy Notices are available from our website at http://www.moray.gov.uk/privacynotices

How did you hear about funded 2 year old early learning and childcare? (Please tick which applies)

Doctor surgery			
Health visitor			
Nursery			
Possible eligibility 2's letter			
Website			
Word of mouth			

FORM 2023/2024

PLEASE COMPLETE ALL SECTIONS ~ PLEASE COMPLETE USING INK & BLOCK CAPITALS

CHILD DETAILS

Forenames						
Known As				Surname		
(if different from						
forename)						
Date of Birth				Sex		
Date of Birth						
				(Male/Female)		
Child Adduses						
Child Address						
Postcode			Home telepho	ne number		
			Mobile teleph			
			woone teleph	one number		
Birth certificate no	umbor				10 g 280	2020 001)
(ensure a copy of					(e.g. 200	↑ 2020 001) ↑ ↑
certificate is attac	neu)				District	Voor Entry
Where was birth					Year Entry	
certificate issued?	? (e.g.		Numb		Number	Number
Scotland, Wales, e	etc)					
CHILD'S HEALTH II	NFORMA	TION				
Does the child have	ve a long-	term illness, m	nedical conditi	on, disability or alle	ergies?	YES / NO
If yes, please prov	ide detai	ls:				
Does the child hav	ve any sp	ecial dietary re	quirements?			YES / NO
If yes, please prov			•			
, , ,						
Has there been a	professio	nal assessmen	t confirming d	isability?		YES / NO
Does the child have a Co-or		rdinated Suppo	ort Plan or Chi	lds Plan (LIAP)?		YES / NO
Name & Address	of Doctor	s Surgerv &				
Name of Health V						
ivalle of fleath visitor if Ki						

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LANGUAGE INFORMATION								
Home language:								
Please list all other languages spoken at home:								
Does the child need support with English language: YES / NO								
CONTACT INFORM	CONTACT INFORMATION: PARENTS/CARERS							
Forename				Surname				
Title				Relationship				
				(e.g. mother, father)				
Address								
(if different from								
child)			Day time a talam	h				
Postcode			Daytime telep					
Home telephone number Mobile telephone number								
Email address			Woone telepii	one namber				
Notes	(e.g. ca	nnot be contac	ted at work)					
2 11								
Can this parent/ca	arer be c	ontacted in the	e event of an en	nergency? (yes	or no)			
Forename				Surname				
Title				Relationship				
				(e.g. mother,				
	ı			father)				
Address								
(if different from								
child) Postcode			Daytime teler	hone number				
Tostcouc			Home telepho					
	Mobile telephone number							
Email address								
Notes	(e.g. ca	nnot be contac	ted at work)					
Can this parent/ca	arer be c	ontacted in the	e event of an en	nergency? (yes	or no)			

REGISTRATION IS NOT THE SAME AS ENROLMENT - This registration form should be completed if you wish to apply for a funded 2 year old Early Learning & Childcare place for your child.

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EQUALITY

Child Ethnic Background (please tick one category)				
White – Scottish				
White – Irish				
White – Other British				
White – Polish				
White – Other				
White – Gypsy/Traveller				
African – African/British/Scottish				
African – Other				
Asian – Bangladeshi/British/Scottish				
Asian – Chinese/British/Scottish				
Asian – Indian/British/Scottish				
Asian – Pakistani/British/Scottish				
Asian – Other				
Caribbean or Black – Caribbean/British/Scottish				
Caribbean or Black – Other				
Mixed or multiple ethnic groups				
Other – Arab				
Other – Other				
Not Disclosed				
Not Known				
Other:				

Child National Identity (please tick one)			
British			
English			
Northern Irish			
Scottish			
Welsh			
Not Disclosed			
Not Known			
Other:			

Child Asylum Status				
(please tick where appropriate)				
Asylum Seeker				
Refugee				

Child Religion (please tick one category)				
Buddhist				
Christian				
Hindu				
Jewish				
Muslim				
Sikh				
Other Religion				
No Religion				
Not Disclosed				

I declare the information entered on this form to be correct.						
Name of person completing this form						
Signature			Date			

FORM 2023/2024

PLEASE COMPLETE ALL SECTIONS ~ PLEASE COMPLETE USING INK & BLOCK CAPITALS

BEFORE RETURNING THIS FORM PLEASE ENSURE YOU COMPLETE THE CHECKLIST SECTION OVERLEAF TO ENSURE ALL RELEVANT DOCUMENTATION AND INFORMATION HAS BEEN INCLUDED. FAILURE TO COMPLETE ALL SECTIONS WILL RESULT IN THE FORM BEING RETURNED TO YOU FOR COMPLETION.

CHECKLIST

Have you completed all sections within this form?
Have you included a copy of your child's birth certificate?
Have you included a copy of your Universal Credit online Journal Statement or TCAN relating to Box 1 or
Box 3?
Have you taken the form to your local JobCentre Plus to verify Box 2 on page 1?
Have you signed and dated the form?
Have you completed the Equality section?
If applicable – have you included a copy of the Guardianship Order?

ALL SECTIONS MUST BE COMPLETED IN FULL OR FORM WILL BE RETURNED

Please return this completed form, with a copy of the child's birth certificate and supporting documents to: Education, Moray Council, Council Offices, High Street, Elgin, IV30 1BX (forms can be delivered to Moray Council Access Points or emailed to ELCadmin@moray.gov.uk)

MORAY COUNCIL USE ONLY								
Birth Certificate seen?	YES / N	O Che	cked by:					
		(sig	nature of					
		veri	fier)					
DWP Claimant Check form	YES / N	O Che	Checked by:					
completed?		(sig	(signature of					
			verifier)					
Guardianship Order Seen?	YES / N	O Che	Checked by:					
		(sig	(signature of					
		veri	verifier)					
Funding start date	AUGUST		JANUARY		APR	XIL		
(please tick one)	2023		2024		202	4		

A child whose date of birth is between:	Will be eligible for a funded place from:
1 March 2021 and 31 August 2021	15 August 2023
1 September 2021 and 31 December 2021	8 January 2024
1 January 2022 and 28 February 2022	15 April 2024