

TORFAEN EDUCATION SERVICE
APPLICATION FOR NURSERY PLACEMENT 2012

TO: PARENTS/CARERS

ONLY COMPLETION OF THIS FORM WILL ENABLE YOUR CHILD TO BE CONSIDERED FOR A NURSERY PLACE

Children can be admitted to the Authority's nursery provision at the beginning of the term following a child's third birthday.

Places are normally allocated on a part-time basis (morning or afternoon) for 5 days a week. In certain, limited circumstances, full-time placements can be offered to 4 year olds. Each nursery provision serves a specific catchment area. Parents/carers may apply to any of the Authority nursery provisions, however priority will first be given to those in-catchment at the time of admission.

In order for a child to be considered for a place in a Torfaen County Borough Nursery parents/carers must complete this form and return it to the nursery provision of their choice by the 7th October, 2011. Should parents wish to consider a private or voluntary sector setting for their child(ren) they need to complete form EY1 and return it to the setting of their choice.

PLEASE NOTE: PARENTS/CARERS MUST ONLY SUBMIT ONE APPLICATION. DUPLICATE APPLICATIONS WILL NOT BE CONSIDERED.

SECTION A NURSERY PROVISION

Enter Nursery of your choice

SECTION B PERSONAL DETAILS

NAME OF CHILD

Surname: Forenames: Male/Female

Date of Birth*: *Birth Certificate must be produced

NAME(S) AND ADDRESS(ES) OF PARENT/CARER(S)*
(N.B. this must be the child's permanent residence)

..... Post Code Telephone No (To include mobile):

***CONFIRMATION OF CHILD'S HOME ADDRESS MUST BE PRODUCED IN THE FORM OF A COUNCIL TAX BILL**

NAME AND ADDRESS OF FAMILY DOCTOR

..... Post Code Telephone No:

DOES THE CHILD HAVE CONTROL OF:

a) Bladder YES/NO b) Bowel YES/NO (Please delete)

IMMUNISATION

Has your child been immunised against the following: (Please delete)

a) Diphtheria/Tetanus/Whooping Cough (Triple Injection)/ Polio (drops) YES/NO
b) Measles/Mumps/Rubella (Injection) YES/NO

NAME AND ADDRESS AND TELEPHONE NUMBER TO BE CONTACTED IN AN EMERGENCY SHOULD PARENT/CARER BE UNAVAILABLE

Name Address Relationship Telephone No:

Name Address Relationship Telephone No:

SECTION C ALLOCATION OF PLACES

IF CHOICE AVAILABLE, WOULD YOU PREFER YOUR CHILD TO ATTEND A MORNING OR AFTERNOON SESSION?

Morning/Afternoon (Please delete)

Any special reason for your preference

HAVE YOU APPLIED TO ANY OTHER NURSERY PROVISION WITHIN TORFAEN? YES/NO
(Please delete)

If YES, please specify

SECTION D**DETAILS OF ANY SPECIAL REASONS IN SUPPORT OF THE APPLICATION FOR YOUR CHILD'S ADMISSION TO NURSERY**

- (a) Is the child looked after e.g. fostered? YES/NO **(Please delete)**
- (b) Has the child been recommended for admission by a specialist agency (see special note below) for:-
- (i) Special/medical/social reasons YES/NO **(Please delete)**
- (ii) Special educational needs YES/NO **(Please delete)**
- (c) Are you a single parent at home with the child? YES/NO **(Please delete)**
- (d) Are you a single parent in full-time employment*? YES/NO **(Please delete)**
***Letter confirming employment must accompany this application**
- (e) Will you be undertaking a full-time education or training course during this academic year? YES/NO **(Please delete)**

***PLEASE NOTE:** Special or medical reasons must be supported by reports from medical agencies or social work agencies which must be included by parents with the application form or forwarded direct from the agency to the Headteacher.

NOTES FROM FAMILY DOCTORS ARE NOT ACCEPTED FOR THIS PURPOSE.

SECTION E**APPLICATION FOR EARLY ADMISSION**

Pupils can be admitted to nursery provision at the beginning of the term following their third birthday. If you want your child to be admitted early please indicate below.

- January 2012 YES/NO **(Please delete)**
- or April 2012 YES/NO **(Please delete)**

If you wish your child(ren) to attend a private or voluntary sector setting form EYI needs to be completed and returned to the setting of your choice.

SECTION F**DECLARATION**

I HEREBY DECLARE THAT THE INFORMATION GIVEN BY ME ON THIS FORM IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I WILL INFORM YOU OF ANY ALTERATION IN THE PARTICULARS GIVEN.

FULL NAME PARENT/CARER (PRINT) Miss, Ms, Mis, Mr

SIGNATURE PARENT/CARER
 (If you are the carer, please indicate your relationship to the pupil)

DATE TEL HOME TEL WORK

PLEASE NOTE THAT THE NURSERY PROVISION YOU HAVE APPLIED TO WILL NOTIFY YOU AS TO THE OUTCOME OF YOUR APPLICATION BY THE END OF NOVEMBER 2011

SECTION G**TO BE COMPLETED BY SCHOOL ONLY**

Date application received:

Application No: Catchment Status:

Proposed placement category F/T Priority P/T Priority Non Priority

Date of Birth verified: YES/NO Date:.....

Child's Home Address verified: YES/NO Date:.....

Comments (if any)

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GWASANAETH ADDYSG TORFAEN
CAIS AM LE MEWN YSGOL/UNED FEITHRIN YN 2012

AT: RHIENI/GOFALWYR

DIM OND DRWY LENWI'R FFURFLEN HON Y CAIFF EICH PLENTYN EI YSTYRIED AR GYFER LLE MEWN YSGOL/UNED FEITHRIN

Derbynnir plant i ddarpariaeth yr Awdurdod ar ddechrau'r tymor yn dilyn trydydd pen-blwydd y plentyn. Fel arfer neilltuir y llefydd yn rhan-amser (bore neu brynhawn) am 5 diwrnod yr wythnos. Mewn rhai amgylchiadau gellir cynnig llefydd llawn amser i blant pedair oed. Mae pob ysgol ac uned feithrin yn gwasanaethu dalgylch arbennig. Gall rhieni/gofalwyr wneud cais i unrhyw un o ysgolion/unedau meithrin yr Awdurdod, fodd bynnag rhoddir blaenoriaeth yn gyntaf i'r rhai sydd yn y dalgylch pan fyddant yn cael eu derbyn.

Er mwyn i blentyn gael ei ystyried am le o fewn un o Ysgolion/Unedau Meithrin Cyngor Bwrdeistref Sirol Torfaen mae'n rhaid i rieni/gofalwyr lenwi'r ffurflen hon a'i dychwelyd i'r ysgol/uned feithrin o'u dewis erbyn 7fed Hydref, 2011. Os bydd rhieni am ystyried lleoliad preifat neu wirfoddol ar gyfer eu plentyn (plant) bydd angen llenwi ffurflen EY1 a'i dychwelyd i'r lleoliad penodol o'u dewis.

NODER: DIM OND UN CAIS DDYLAI RHIENI/GOFALWYR EI GYFLWYNO. NI FYDD CEISIADAU DYBLYGYN CAEL EU HYSTYRIED.

ADRAN A YSGOL/UNED FEITHRIN

Nodwch eich dewis

ADRAN B MANYLION PERSONOL

ENW'R PLENTYN

Cyfenw: Enwau Cyntaf: Gwryw/Benyw

Dyddiad Geni*: *Mae'n rhaid cyflwyno tystysgrif geni

ENW(AU) A CHYFEIRIAD(AU) RHIANT(RHIENI)/GOFALWR(WYR)*
(D.S. Mae'n rhaid i'r cyfeiriad hwn fod yn gartref parhaol y plentyn)

..... Côt Post: Rhif Ffôn (I gynnwys ffôn symudol):

***MAE'N RHAID CYFLWYNO CADARNHAD O GYFEIRIAD CARTREF Y PLENTYN AR FFURF BIL TRETHY CYNGOR**

ENW A CHYFEIRIAD Y MEDDYG TEULU

..... Côt Post: Rhif Ffôn:

YDY EICH PLENTYN YN GALLU RHEOLI:

a) Pledren YDY/NACYDY b) Coluddyn YDY/NACYDY **(Dilëwch)**

IMIWNIDDIO

Ydy eich plentyn wedi ei imiwnyddio yn erbyn y canlynol: **(Dilëwch)**

a) Diptheria/Tetanws/y Pâs (pigiad triphlyg)/ Polio (diferion) YDY/NACYDY
b) Y frech goch/clwy'r pennau/rwbela (pigiad) YDY/NACYDY

ENW, CYFEIRIAD A RHIF FFÔN AR GYFER CYSYLLTU MEWN ARGYFWNG OS NAD YW'R RHIANT AR GAEL

Enw Cyfeiriad Perthynas Rhif Ffôn:

Enw Cyfeiriad Perthynas Rhif Ffôn:

ADRAN C NEILLTUO LLE

OS OES DEWIS AR GAEL, A FYDDAI'N WELL GENNYCH CHI I'CH PLENTYN GAEL LLE YN Y BORE NEU'R PRYNHAWN?

Bore/Prynhawn **(Dilëwch)**

Unrhyw reswm arbennig dros y dewis?

YDYCH CHI WEDI GWNEUD CAIS I UNRHYW YSGOL/UNED FEITHRIN ARALL O FEWN TORFAEN? DO/NADDO **(Dilëwch)**

Os Do, rhowch fanylion

ADRAN D**MANYLION UNRHYW RESYMAU ARBENNIG I GEFNOGI EICH CAIS AM LE I'CH PLENTYN MEWN YSGOL/UNED FEITHRIN**

- (a) A yw'r plentyn yn derbyn gofal ee cael ei faethu? YDY/NAC YDY **(Dilêwch)**
- (b) Ydy eich plentyn wedi ei argymhell am le gan asiantaeth arbenigol (gweler y nodyn arbennig isod) am:-
- (i) Rhesymau arbennig/meddygol/cymdeithasol YDY/NAC YDY **(Dilêwch)**
- (ii) Anghenion addysgol arbennig YDY/NAC YDY **(Dilêwch)**
- (c) Ydych chi'n rhiant sengl gartref gyda'ch plentyn? YDW/NAC YDW **(Dilêwch)**
- (d) Ydych chi'n rhiant sengl sy'n gweithio'n llawn amser*? YDW/NAC YDW **(Dilêwch)**
***Rhaid cyflwyno llythyr yn profi cyflogaeth gyda'r cais hwn**
- (e) A fyddwch yn mynychu cwrs addysg neu gwrs hyfforddiant llawn amser yn ystod y flwyddyn academaidd hon? BYDDAF/NA FYDDAF **(Dilêwch)**

***NODER:** Dylid cefnogi unrhyw resymau arbennig neu resymau meddygol gydag adroddiadau gan asiantaethau meddygol neu asiantaethau gwaith cymdeithasol a dylid eu cyflwyno gyda'r ffurflen gais neu eu trosglwyddo'n uniongyrchol o'r asiantaeth i'r Pennaeth.
NI DDERBYNNIR NODIADAU GAN FEDDYGON TEULU AT Y DIBEN HWN.

ADRAN E**CAIS AM FYNEDIAD CYNNAR**

Gall disgyblion fynychu uned/ysgol feithrin ar ddechrau'r tymor yn dilyn eu trydydd penblwydd. Os ydych am i'ch plentyn gael ei dderbyn yn gynnar nodwch isod.

Ionawr 2012 YDW / NAC YDW **(Dilêwch)**
 neu
 Ebrill 2012 YDW / NAC YDW **(Dilêwch)**

Os ydych am i'ch plentyn (plant) fynychu lleoliad preifat neu wirfoddol bydd angen llenwi ffurflen EYI a'i dychwelyd i'r lleoliad penodol o'ch dewis.

ADRAN F**DATGANIAD**

YR WYF DRWY HYN YN DATGAN BOD Y WYBODAETH A RODD WYD GENNYF AR Y FFURFLEN HON YN GYWIR AC YN GYFLAWN HYD EITHAF FY NGWYBODAETH A BYDDAF YN EICH HYSBYSU OS BYDD UNRHYW NEWIDIADAU I'R MANYLION A RODD WYD.

ENW LLAWN RHIANT/GOFALWR (LLYTHRENAU BRAS) Miss, Ms, Mrs, Mr

LLOFNOD RHIENI/GOFALWR
 (Os mai chi yw'r gofalwr, nodwch eich perthynas i'r disgybl)

DYDDIAD RHIF FFÔN CARTREF RHIF FFÔN GWAITH

BYDD YR YSGOLIUNED FEITHRIN YN RHOI GWYBOD I CHI AM BENDERFYNIAD YR AWDURDOD ERBYN DIWEDD MISTACHWEDD 2011

ADRAN G**I'W LLENWI GANYR YSGOL YN UNIG**

Dyddiad derbyn y cais:

Rhif cais statws dalgylch:

Categori arfaethedig y lle Blaenoriaeth LI/A Blaenoriaeth Rh/A Dim yn Flaenoriaeth

Gwiriwyd y dyddiad geni: DO/NADDO Dyddiad:

Gwiriwyd cyfeiriad cartref y plentyn: DO/NADDO Dyddiad:

Sylwadau (os Rhai):

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