

**For official use only:**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Cert Received:

Immunisation Record Received:

**THE COMPLETION OF THIS FORM DOES NOT GUARANTEE A PLACE IN THE CENTRE.**

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| An application form must be completed by the referring organisation/parent to provide relevant information on the child including details of the child’s additional needs, behaviour issues and developmental progress. Completion of this application form does not guarantee a place in the centre. Please return completed application form, copy of birth certificate and immunisation records to the centre Manager. |

**ECDS Child’s Referral / Application Form**

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| --- | --- |
| **Child’s Last Name:** |  |
| **Child’s First Name:** |  |
| **Child’s Gender:** | **Male □ Female □** |
| **Date of Birth:** |  |
| **Home Address** |  |
| **Language(s) spoken at home:** |  |

|  |  |
| --- | --- |
| **Parent or Carer Details** | |
| **Name:** |  |
| **Address:** |  |
| **Telephone Number(s):** |  |
| **Name:** |  |
| **Address:** |  |
| **Telephone Number(s):** |  |

**Please notify staff if any contact details change**

|  |  |
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| **HEALTH CARE DETAILS** | |
| **Name of Public Health Nurse:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Name of Social Worker (if applicable)** |  |
| **Address:** |  |
| **Telephone Number** |  |
| **HEALTH SUPPORTS REQUIRED** | |
| Has your child any of the following? Please answer yes or no and give as much detail so we can support your child’s placement. Failure to disclose information may affect your child’s placement in the centre. | |
| **Hearing Problems:** |  |
| **Sight Problems:** |  |
| **Physical Problems:** |  |
| **Speech Problems:** |  |
| **Behaviour Problems:** |  |
| **Emotional Problems:** |  |
| **Other Specific Conditions:** |  |
| **Allergies to food or medication:** |  |
| **Special Dietary Requirements** |  |
| **Special Needs** |  |
| **Ongoing Illness** |  |
| **Is your child on any long-term medication?** |  |
| **Additional information that might help us to get to know your child better?** | |
| **Referred by:** |  |
| **Where did you hear about our Service?** |  |

Please attach the following information:

1. A copy of the child’s birth certificate
2. A copy of your child’s immunisation record

Applications cannot be processed without receipt of these documents.