

Please read the 'Staff Information Sheet' before completing this form.

Please tick the nursery at which you would be willing to accept a place:									
Edwinstowe Close			West Cambridge			Either			
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			
1. Applicant Details:									
Title:		First Name:			Surname:				
Home Address:					Home telephone number:				
					Mobile number:				
2. Employment Details:									
Department:					Payroll Number:				
Work address:					Work telephone number:				
Work Email:					Home Email:				
Date of Appointment*		Day	Month	Year	*If you have not yet taken up an appointment in the University, please attach copies of your offer letter, your letter of appointment or contract, as appropriate, and indicate the date on which employment will commence				
If you intend to return to work at the University following maternity, adoption or shared parental leave, please tick the relevant box:									
Maternity Leave			Adoption Leave			Shared Parental Leave*			
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			
*Please provide Shared Paternity Leave dates: Start Date: <input style="width: 100px;" type="text"/> End Date: <input style="width: 100px;" type="text"/>									
3. Personal Details									
I am (please tick which is applicable)									
Single		Married		Divorced/Separated		Living with Partner		Widow/Widower	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
If applicable, please indicate if your partner works/studies at one of the following:									
Works for: Cambridge University			Cambridge Assessment			College CTO		Studies at Cambridge University	
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Please give details if applicable:					University/Cambridge Assessment			CTO/Student	
		Name							
		Department							
		Payroll No./ Student No.							
4. Details of your child/children									
List the name(s) and start date of the child/children for whom a nursery place is requested:									
Child's/Children's Full Name				Date of Birth		Sex M/F*		Requested Start Date	
Will you have any other children attending a University Nursery at the Requested Start Date? Yes <input type="checkbox"/> No <input type="checkbox"/>									

For Office Use only

Date Received	Date Processed	Payment Received	Confirmation Sent

If Yes, please give their names and date of birth:

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Do any of your children who require a nursery place have any additional needs?

Yes No

If Yes, do any of your children have a formal Statement?

Yes No

If Yes, please give details on a separate sheet and attach to this form. **Any offer of a nursery place may be at risk if you do not declare any additional needs your child has.**

5. Requested booking pattern

Do you require a Full-Time or Part-Time place(s)

FT	PT

If Part-time requested please tick preferred sessions

	Mon	Tues	Wed	Thurs	Fri
am					
pm					

IMPORTANT NOTE:

Part-time bookings are subject to restrictions as follows:

- 1, 2, 3 or 4 full days
- Mornings only (5) or afternoons only (5)

Do you have any information to add relating to your requested booking pattern? (Please add an additional sheet if necessary)

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6. Nursery Offer

The nursery will contact you directly if they have a place.

The offer of a nursery place can be turned down once, but should a second offer be refused, you will be taken off the waiting list. You will only be able to re-join the waiting list after 3 months and will have to start the process from the beginning.

If you are offered a place and you fail to respond to the nursery within 7 working days, it will be considered that a place is no longer required and your application will be removed from the waiting list.

To assist in the offer process, please be sure to inform the Childcare Office of any changes to your contact details.

7. Personal circumstances

List any special personal circumstances you would like to have taken into account on a separate sheet of paper and attach to this form.

8. Payment

You are required to make a **£10.00** (incl. VAT) payment when applying for a nursery place. This must be paid using eSales at the following link:

Onlinesales.admin.cam.ac.uk

9. Signature

I confirm that (a) the above information is full and correct;

(b) I have a formal Contract of Employment with the University and am listed on the monthly payroll;

(c) I have made a payment via eSales for this application; and

(d) I will relinquish the University Nursery place(s) on the date when my employment with the University terminates.

Please tick to give permission for the Childcare Office to update the University HR system, CHRIS, in the event that the home address and telephone number you have provided in this form does not match the details the University holds for you.

Signature:

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Day	Month	Year

Return form to: The Secretary, Staff Childcare Committee, Childcare Office, 21 Trumpington Street, Cambridge CB2 1QA

02/17

Data Protection

The University of Cambridge is a data controller as defined by the Data Protection Act 1998. The data provided on this form will be treated in strictest confidence and will only be disclosed to staff of the University, your college and staff of Childbase Partnership. It will be used only for the purpose of nursery provision and will not be disclosed to others.