

University Workplace Nurseries Waiting List Renewal Form

PLEASE RE-CONFIRM YOUR DETAILS AND REQUIREMENTS ALONG WITH MAKING THE RENEWAL PAYMENT ON OR BEFORE 1 JANUARY 2016

Please reconfirm which nursery you would be willing to accept a place at:											
Edwinstowe Close West Cambridge Either											
1. Parent	Details										
Title:	First Na	ame:					name:				
							Home telephone number:				
Home Address:							number.				
							Mobile number:				
2. Details of Employment:											
Departmen	nt:						Pa	ayroll Number:			
Work address:						Work telephone number:					
Work Emai	il:					Home Er	mail:				
3. Partner Details											
Vour partner's datails may have changed since initially applying. Please provide surrent datails											
Your partner's details may have changed since initially applying. Please provide current details:											
Works for:	Cambridge U	Jniversity	Cambridge Asses			ollege CTC	· 📙	Studies at Cam	bridge University	′	
		University/Cambridge As						СТС)/Student		
Please give		Name									
applicable:		Department									
		Payroll No./ Student No.									
4. Please	confirm if you	u are still on:									
Mate	ernity Leave	Adop	tion Leave	Shar	ed Pate	ernity Lea	ve*				
*Please provide Shared Paternity Leave dates: Start Date: End Date:											
5. Details of your child/children We need to know if your requested start date has changed:											
Child's/Children's Full		ll Name		Date of Birth Sex M/F* Plea		Please r	se reconfirm requested Start Date				
Will you have any other children attending a University Nursery at your reconfirmed Requested Start Date? Yes No											
If Yes, please give their names and date of birth:											
	For Office Use only										
ſ	Date Received	d	Date Processed		Payment Received		t	Confirmation Ser	nt		

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.									
6. Requested booking pattern – Please reconfirm required 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)									
7. Nursery Offer Reminder									
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.									
8. Personal circumstances									
If you have any special circumstances you would like considered, please attach a separate sheet of paper detailing these.									
9. Payment									
You are required to make a £10.00 (incl. VAT) payment when renewing your application for a nursery place. This must be paid using eSales at the following link: http://onlinesales.admin.cam.ac.uk/browse/extra_info.asp?compid=1&modid=1&catid=114&prodvarid=184									
10. Signature									
Please note that you must inform the Childcare Office if any of your details change, otherwise you risk losing an offer of a place when one becomes available.									
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:	Day Month Year								
Return form to: The Secretary, Staff Childcare Committee, Childcare Office, 21 Trumpington Street, Cambridge CB2 1QA 05/16									

Data Protection