**Please read the** [**Staff Information Sheet**](https://www.childcare.admin.cam.ac.uk/files/staff_information_sheet_9.doc) **before completing this form as failure to do so may affect your point score.**

 **You can find information regarding the University nurseries and the Workplace Nurseries’ Salary Exchange Scheme on the Childcare Office** [**web pages**](http://www.childcare.admin.cam.ac.uk)

 **If you have not yet taken up an appointment in the University, please provide a copy of either your offer letter, letter of appointment or contract, with your Application.**

**You are required to pay a £10.00 (incl. VAT) registration fee when applying for a nursery place. This should be paid using eSales on the following link:** [**Payment**](http://onlinesales.admin.cam.ac.uk/browse/extra_info.asp?compid=1&modid=1&catid=114&prodvarid=184)

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| **Please indicate, stating order of preference (1st, 2nd or 3rd), the nursery or nurseries at which you would be willing to accept a place:** **Edwinstowe Close Nursery □ West Cambridge Nursery □ Eddington Nursery □** |

**Section 1: Applicant’s Details**

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| **A** **Det Title: \_\_\_\_\_\_\_\_\_ Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_ Payroll Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_** |
| **Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **­­­­­­­­­­­­­­­­­­­­­­­­­** |
| **Home Phone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Personal Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Please tick to give permission for the Childcare Office to update the University HR system, CHRIS, in the event that the home address and/or the telephone numbers and email addresses you have provided on this form do not match the details the University holds for you. □**  |
| **I am ( please tick as applicable) Single □ Married/Living with partner □** **If applicable, please indicate if your partner works or studies at one of the following:****Partner works for: University of Cambridge □ Cambridge Assessment □ College CTO □ OR Studies at University of Cambridge □**

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| --- | --- | --- |
| **Name**  | **Department OR College** | **Payroll Number OR Student Number** |
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| **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: □****Start date of leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date of leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Section 2: Child/ren’s Details**

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| --- | --- | --- | --- | --- |
| **Forename** | **Surname** | **Date of Birth** | **Gender M/F** | **Requested Start Date \*** |
|  |  |  |  |  |

**Does your child have any additional needs? Yes □ No □ Does your child have a disability? Yes □ No □****Please be aware that the nursery may request a copy of any formal statement relating to your child. Any offer of a nursery place may be at risk if you do not declare any additional needs or disability your child has.****Details of any siblings attending a University nursery at the requested start date \* noted above :**

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| --- | --- | --- |
| **Forename** | **Surname** | **Date of Birth** |
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| **What type of place do you require? Full-Time□ Part-Time □****Part-time bookings are subject to the following restrictions: 1, 2, 3, 4 or 5 full days** | **Are you able to be flexible with your booking choice? Yes □ No □****Please indicate in the boxes below your preferred days:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
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| **Do you have any further information to add relating to your requested booking pattern?** |

**List any special circumstances you would like to have taken into consideration, on a separate sheet, and email it with your Application Form.****Section 3: Declaration** |
| **I confirm that (a) the above information is full and correct;** **(b) I have a formal Contract of Employment with the University and I am listed on the monthly payroll;** **(c) I have made a payment via eSales for this Application;**  **(d) I have read and I agree to the conditions detailed on the Staff Information Sheet;**  **(e) I will relinquish the University Nursery place(s) on the date when my employment with the University terminates;** **(f) I will keep the Childcare Office updated with any changes pertinent to this application.**

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| **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

 **Please return your form by email to:** childcareservices@admin.cam.ac.uk **All forms must be signed.**

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| **Data Protection**The personal information about yourself and your child that you provide on this form will be used for the contractual purpose of nursery provision as described on our website <http://www.childcare.admin.cam.ac.uk/nurseries>. It will be treated in strictest confidence and will only be disclosed to staff of the University , Childbase Partnership and Bright Horizons Family Solutions. For more information about how we handle your personal information, and your rights under data protection legislation, please see <https://www.information-compliance.admin.cam.ac.uk/data-protection/general-data>.  |

 4/21 |

**For Office Use Only**

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| Date Received | Payment Received | Date Processed & Confirmation Sent |
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