**Please read the** [**Staff Information Sheet**](https://www.childcare.admin.cam.ac.uk/files/staff_information_sheet_0.docx) **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](https://onlinesales.admin.cam.ac.uk/product-catalogue/products/schools-faculties-departments-and-institutions/childcare-office/university-childcare-waiting-list-application-fee)

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| **Please indicate, stating order of preference (1st, 2nd , 3rd or 4th ), the nursery or nurseries where you would be willing to accept a place:**  **Edwinstowe Close Nursery □ West Cambridge Nursery □ Eddington Nursery □ Chris Abell Nursery □** |

**Section 1: Applicant’s Details**

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| **A**  **Det Title: \_\_\_\_\_\_\_\_\_ Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_ Payroll Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_** |
| **Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **­­­­­­­­­­­­­­­­­­­­­­­­­** |
| **Home Contact Phone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Contact 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 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: Partner’s Details (if applicable)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please indicate if your partner works or studies at one of the following:**  **University of Cambridge □ Cambridge Press & Assessment □ College CTO □ OR Studies at University of Cambridge □**   |  |  |  | | --- | --- | --- | | **Name** | **Department OR College** | **Payroll Number OR Student Number** | |  |  |  | |
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**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 :**   |  |  |  | | --- | --- | --- | | **Forename** | **Surname** | **Date of Birth** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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** | **Please indicate in the boxes below your preferred days:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | |  |  |  |  |  | |  |  | | --- | | **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.**   |  | | --- | | **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   **Please return your form by email to** [childcareservices@admin.cam.ac.uk](mailto:childcareservices@admin.cam.ac.uk) **All forms must be signed.**   |  | | --- | | **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, Bright Horizons Family Solutions and Kids Planet. 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>. |   9/23 |

**For Childcare Office Use Only**

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