

Please read the [Student Information Sheet](#) before completing this form. You may be eligible for assistance with nursery fees. Your place on the waiting list will NOT be affected, if you apply for funding

**Those applicants yet to begin studying should have received a firm offer of acceptance from a College before applying. Please ask the College to confirm this in the Tutor's section of this form**

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: [University Childcare Waiting List Application Fee | University of Cambridge](#)

**List any special circumstances you would like to have taken into consideration, on a separate sheet and email it with your application form.**

Please indicate, stating order of preference (1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup>), the nursery or nurseries at which you would be willing to accept a place:

West Cambridge Nursery ☐ Edwinstowe Nursery ☐ Eddington Nursery ☐ Chris Abell Nursery ☐

### Section 1: Applicant's Details

Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Are you registered as disabled: Yes ☐ No ☐

Date of Birth: \_\_\_\_\_

College: \_\_\_\_\_

Course Start Date: \_\_\_\_\_

Address in Cambridge  
(or permanent home address,  
if not known at this time): \_\_\_\_\_  
\_\_\_\_\_

Contact Phone No: \_\_\_\_\_ Contact Email address: \_\_\_\_\_

I am (please tick which is applicable) Single ☐ Married/Living with partner ☐

Are you resuming studies following a period of 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

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

Does your child have any additional needs? Yes ☐ No ☐
 Is your child registered disabled? 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 ☐

Bookings are subject to the following restrictions: 1, 2, 3, 4 or 5 full days

If you require three days or more, you must include a Monday or Friday

Expected end date of nursery place  
( date you will no longer be a student actively pursuing a course of study and resident in Cambridge)

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

Please indicate in the boxes below your preferred days:

Monday	Tuesday	Wednesday	Thursday	Friday

Section 4: Declaration

I confirm that

- (a) the above information is full and correct;
- (b) I am a registered student of the University of Cambridge OR that I am a prospective student, expecting to come into residence on the date indicated in section 1;
- (c) I have made a payment via eSales for this application;
- (d) I have read and I agree to the conditions detailed on the Student Information Sheet;
- (e) I will relinquish the University Nursery place(s) on the date I cease to be a resident student actively pursuing a course of study in the University or if otherwise my eligibility for a place ceases;
- (f) I will keep the Childcare Office updated with any changes pertinent to this application.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Please corroborate all details supplied by the student above, including any special circumstances, and provide comments below. For students yet to begin studying, please give the date they are expected to come into residence.

**I confirm that the information supplied on this form is full and accurate, to the best of my knowledge.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_ Position \_\_\_\_\_

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

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 & Kids Planet Nurseries. 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>.

**For Childcare Office Use Only**

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