

**NURSERY ADMISSIONS
FUNDED FULL TIME PLACES ASSESSMENT FORM**

Child's name: _____

Date of birth: _____

Eligibility criteria:

Please tick all boxes which apply and attach any supporting evidence.

- Looked after child

- Child subject to a Child in Need Plan

- Child with a Child Protection Plan

- Poor housing conditions (please specify)
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- Family experiencing domestic violence

- Family seeking asylum / refugee family

- Family with no recourse to public funds

- Family with 3 or more children under 5

- Teenage parent (under 20 years old)

- Parent with health or disability issues, including mental health (please specify)
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- Children with emotional and behavioural problems (please specify)
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- Children with health issues or a disability (please specify)
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- Children with a Common Assessment Framework (CAF) form (please specify date initiated)

- Any other family circumstances that impact on the child's well-being: eg. Bereavement, history of frequent transition (please specify)
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