

## NURSERY APPLICATION FORM University Workplace Nurseries

Please read the <u>Staff Information Sheet</u> 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								
	he Childcare Office <u>web pages</u> popointment in the University, please p	rovide a copy of either your offer						
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								
Please indicate, stating order of preference (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd or</sup> 4 <sup>th</sup> ), 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								
Title: Forename:	Surname:							
Payroll Number: Job Title: Job Title:								
Home Address:								
Home Contact Phone No:	Work Contact Phone	No:						
Personal Email:	onal Email: Work 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 yo	u have provided on this form do not match	the details the University holds for you.						
I am ( please tick as applicable) Single	ase 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						
	·							

## Section 2: Child/ren's Details

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					
		Juniane							
What type of place do you require? Full-Time Part-Time Please indicate in the boxes below your preferred days:									
What type of place do you require? Full-Time	III-Time 🛄 Part-Time 🛄	Monday	Tuesday	Wednesday	Thursday	rred days: Friday			
Bookings are subject to the followi	-								
or 5 full days If you require three or more days, you must include a Monday or 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 <u>childcareservices@admin.cam.ac.uk</u> 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 <a href="http://www.childcare.admin.cam.ac.uk/nurseries">http://www.childcare.admin.cam.ac.uk/nurseries</a> . 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 you rights under data protection legislation, please see <a href="https://www.information-compliance.admin.cam.ac.uk/data-protection/general-data">https://www.information-compliance.admin.cam.ac.uk/data-protection/general-data</a> .									
1/25 For Childcare Office Use Only									
Date Received	Payment Recei	ved	Date Proc	Processed & Confirmation Sent					