

**KEY WORKER PRIORITY LIST**

Unfortunately, we will need to apply out priority criteria as we have too many families requesting places. This measure is in place to protect **all** families from the coronavirus - **both yours and ours.**

Priority places will be given **strictly** in the order shown below – **proof that both parents are classed as key workers from employer is required**. You will also need to complete the form attached and email it back to [admin@shprimary.org.uk](mailto:admin@shprimary.org.uk) by 3pm today so that we can make the necessary staffing arrangements.

Teachers – please check the arrangements in your own school for taking your children to work with you as many schools are allowing this to ease the burden on other schools.

**Both or lone parents need to be critical workers** as listed below:

1. Vulnerable children (on an EHCP plan or Health Care Plan – and if they CANNOT safely be looked after safely at home).
2. Health and social care (doctors, nurses, paramedics, social workers, care workers and other frontline health and social care staff)
3. Public safety - police, fire, ambulance, probation, prison employee.
4. Education and childcare teachers, teaching assistants (for those who are still at work)
5. Key to public services - management of deceased, journalists, religious staff or running of the justice system.
6. Local and national Government - only frontline services.
7. Transport - those who keep the air, water, road and rail passengers operating during COVID19 response.
8. Food and necessary goods - food production or delivery.
9. Utilities and financial - if essential for COVID19 response e.g. banks, building societies, oil, gas and electric services.

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| **KEY WORKER INFORMATION SHEET**  **CHILDCARE PROVISION**  **Please provide the information below and return to school** | | | | | | |
| **PUPIL DETAILS** | | | | | | |
| **Name of Pupil** |  | | | | | |
| **Year Group** |  | | | | | |
| **Class** |  | | | | | |
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| **KEY WORKER DETAILS** | | | | | | |
| **Name** |  | | | | | |
| **Home Address** |  | | | | | |
| **Contact Telephone** |  | | | | | |
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| **Key Worker Group** | **Job Title** | | | **Please identify your role** | | |
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| **(OFFICE USE ONLY) PROOF FROM EMPLOYER FOR BOTH PARENTS SEEN:** | | | | | | |
| **CHILDCARE REQUIREMENTS** | | | | | | |
| **Days of the week** | Monday | Tuesday | Wednesday | | Thursday | Friday |
| **Time of the day** |  |  |  | |  |  |
|  | | | | | | |
| **Date** |  | | | | | |
| **Signature** |  | | | | | |
| **Print Name** |  | | | | | |
| **Relationship to child** |  | | | | | |