

# Raigmore Primary School Nursery Day Care of Children

Raigmore Primary  
King Duncan's Road  
Inverness  
IV2 3UG

Telephone: 01463 234 971

**Type of inspection:**  
Unannounced

**Completed on:**  
30 April 2025

**Service provided by:**  
Highland Council

**Service provider number:**  
SP2003001693

**Service no:**  
CS2003017260

## About the service

Raigmore Primary School Nursery is a day care of children service situated in the Raigmore area of the city of Inverness.

The service is registered to provide a care service for a maximum of 54 children aged three years to not yet attending primary school. At the time of our inspection, 29 children were registered with the service.

The service is situated in a residential area near shops, wooded walks and other amenities. The children are cared for in a purpose-built playroom with access to a fully enclosed outdoor area. A second building opposite the main nursery building houses a catering kitchen from where children have lunch. This playroom will also be used for daily activities and play as numbers of children registered to attend the service increase.

## About the inspection

This was an unannounced inspection which took place on Tuesday 29 April. between 08:40 and 17:10, and Wednesday 30 April 2025, between 08:45 and 13:00 . The inspection was carried out by one inspector from the Care Inspectorate. A team manager from the Care Inspectorate was present throughout for quality assurance of inspection purposes. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service and some family members
- reviewed responses to our MS Forms survey
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

As part of this inspection we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- Children's engagement with the experiences provided in their setting

This information will be anonymised and analysed to help inform our future work with services.

## Key messages

- Overall, we found that some improvements had been made to aspects of the service since our last inspection. With a clear action plan in place, the pace of improvement should now be increased.
- Children's wellbeing and care was supported by staff who were calm, kind and compassionate.
- Opportunities to extend children's learning or enrich play through skilful interactions were inconsistent.
- Approaches to planning and recording observations about children's learning and development were at the early stages of implementation.
- Children's experiences were beginning to benefit from a number of improvements to both the indoor and outdoor environments.
- Overall, infection prevention and control procedures and routines supported children's health and wellbeing.
- Staff spoke enthusiastically about the children and the work of the nursery, demonstrating their motivation to support improvement.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	2 - Weak
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How good is our care, play and learning?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

### 1.1 Nurturing care and support

Children experienced warm, caring interactions from staff throughout their day. Staff mostly recognised when and what children needed to feel settled, calm and secure, interacting with kindness and compassion. Parents told us that the staff are quick to identify and provide support for children's individual needs. The service worked with other professionals, where appropriate, to support positive outcomes for children with identified needs.

Generally, children's care and individual needs were supported by basic information contained in personal plans. Some strategies to support individual needs had been identified but were not consistently used. Further work is needed to develop effective and consistent use of identified strategies. Information recorded did not always provide sufficient detail. This meant that children did not consistently get the right support, to meet their needs, at the right time. A previous requirement made at the previous inspection remains in place.

**(See section, What the service has done to meet any requirements made at or since the last inspection).**

We found inconsistencies in staff knowledge relating to appropriate record keeping and administration of medication. There were some gaps in corresponding information which had not been identified through quality assurance processes.

**(See section How good is our leadership?)**

Immediate steps to rectify this were taken during inspection. The manager now needs to ensure that effective quality assurance processes support the safe management medication administration.

**(See area for improvement 1).**

In addition, the manager should ensure that all staff have the knowledge, understanding and skills to competently manage the administration of medicines.

Children experienced a relaxed, sociable, unhurried snack time. An adult sat with children at all times during snack. This supported the development of independence skills at snack, such as spreading butter. Children had some opportunities to be involved in snack preparation. They were encouraged to select and choose their snacks from a range of healthy options such as fruit and toast. Staff supported children to eat safely and encouraged them to eat well.

There were limited opportunities for children to be involved in their lunchtime experience. We suggested that these could be increased, for example, by enabling children to serve part of their own lunch, such as vegetables or salad. Children's experience of lunch was less relaxing than snack time as the canteen was noisy.

**(See section, How good is our setting?)**

Fresh water was available throughout the day and children were encouraged to drink regularly.

A quiet cosy area away from the main playroom benefitted some children with identified needs, providing a space to relax and self-regulate when they felt overwhelmed. The service had been developing spaces for all children to relax within the main play room. We acknowledged they were continuing work on creating cosy, calm spaces for children to relax and rest. There was an adult sized sofa on which children could sit comfortably sit beside an adult for a story. We suggested the service considered how children needing to nap or rest could be accommodated.

Children's continuity of care was not yet consistently benefiting from effective handover information being shared with families and carers. This meant there was the potential for key information relating to supporting individual's needs to be missed. We suggested the service should explore effective information sharing between staff and parents which impacts on children's care and support. For example, how well children have eaten at nursery or learning observed.

**1.3 Play and Learning**

Children were generally able to freely choose how and where they played for most of their day, including free-flowing between indoor and outdoor play. They were able to follow their interests with staff responding to developing interests by providing further resources. Some children were showing an interest in babies and looking after them so they were provided with a pram, baby clothes and a baby bath. This enabled them to explore their interest further. Some areas and resources were not invitingly presented to stimulate curiosity and learning. We acknowledged that the service were continuing to develop their indoor and outdoor environments at the time of inspection.

Opportunities to extend children's learning or enrich play through skilful interactions were limited. Not all staff used high quality interactions, such as effective questioning, to extend children's ideas and thinking during play. This meant children were not consistently challenged and empowered to make sustained progress in their learning and development. As a result an area for improvement made at the last inspection remains in place.

**(See section, What the service has done to meet any areas for improvement we made at or since the last inspection).**

Children's ideas and learning were not consistently enriched through skilful interactions. Effective opportunities for children to develop literacy, language and numeracy skills and knowledge across the setting were in the early stages of implementation. We acknowledged that the service was continuing to develop the range of literacy and numeracy experiences offered across the setting. Opportunities to promote literacy and numeracy through interactions during play were not always identified. For example, by talking about colours or sizes. Some resources to support numeracy in the outdoor area were under utilised. For example, a set of bucket scales were not resourced to foster curiosity in exploring weight. Literacy and language development strategies were not always used effectively. This meant that some opportunities to support language development were missed. As a result an area for improvement made at the last inspection remains in place.

**(See section, What the service has done to meet any areas for improvement we made at or since the last inspection).**

The service was in the early stages of developing systems to track children's achievements and progress. It was too soon to see the impact of recent staff training on planning and individual observations. For example, floor books identified some knowledge and understanding but did not yet consistently identify skills being developed. There was not yet a clear link between planning and the learning recorded in floor books or observations. Clear next steps were not identified to support effective ongoing progress in learning. As a result children were not always getting the right support to enable good progress. The service should continue to develop a holistic approach to planning, observing and monitoring progress.

## Areas for improvement

1.

To support the safety, health and wellbeing of children, the service needs to ensure that staff have the right knowledge, understanding and skills to manage the administration of medication effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support because people have the necessary information and resources.'  
(4.27)

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

## 2.2 Children experience high quality facilities.

Children's overall wellbeing benefitted from a naturally lit setting with direct access to the outdoor area. Since our last inspection, the setting had benefitted from a number of improvements to both the indoor and outdoor environments. We acknowledged that this is an ongoing process and provided some further suggestions about additional ways to support the development of these spaces. For example, there was a clinical feel to the dining space. Some items of furniture and soft furnishings had been moved to develop play room areas. This meant the space felt less welcoming and there were fewer items to dampen sound and the structure of the canteen created poor acoustics. This resulted in increased noise levels. This was a potential issue for children with sensory needs who could find this overwhelming. We advised the provider to seek solutions to this issue. As a result, we made an area for improvement relating to reducing the noise levels to enable children to experience a calmer lunch time.

(See area for improvement 1).

Free flow play was encouraged and children could move easily between the indoor and outdoor areas, following their interests. Staff demonstrated an awareness that some children might not recognise boundaries or have the self-awareness to keep themselves safe. There was a system in place so that staff knew how many children were attending the setting. We advised the service to consider further developing

their system so they know how many are playing indoors or outdoors at all times. The Care Inspectorate's SIMOA (safety, inspect, monitor, observe and act) practice notes could support this. Children were involved in a daily risk assessment of the outdoor area. This helped them to learn about risk and staying safe.

Children's play in the outdoor area was beginning to benefit from a greater variety of resources. Developing the outdoor area was an ongoing improvement priority. Some recent additions included a water wall, some bucket scales and further development of the mud kitchen. These reflected some of the developmental needs of the children. A trim trail provided children with experiences of climbing and balancing, safely supported by staff. A range of loose parts were available to support children's creativity and to promote curiosity. The service should monitor levels of interests so that play provocations are adapted to maintain interest in this type of play experience.

Overall, infection prevention and control procedures and routines supported children's health and wellbeing. A requirement, made at our last inspection, relating to infection prevention and control had been met.

**(See section, What the service has done to meet any requirements made at or since the last inspection).**

However, we noticed there was a strong, unpleasant odour in and around the nappy changing room. As a result, we made an area for improvement in relation to resolving this issue.

**(See area for improvement 2).**

## Areas for improvement

1.

To support children's health and wellbeing, the provider should ensure that children experience a calm, relaxed environment while eating.

This should include but is not limited to taking steps to reduce noise levels due to the acoustics of the building where children eat lunch.

This is to ensure that care and support is consistent with the health and Social Care Standards (HSCS) which states that:

"I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible." (HSCS 1.35)

2.

To support children's health and wellbeing, the provider should ensure that the environment is free from intrusive smells.

This is to ensure that care and support is consistent with the health and Social Care Standards (HSCS) which states that:

"My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells." (HSCS 5.18)

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### 3.1 Quality assurance and improvement are led well

We acknowledged some disruption to the management team had been caused by circumstances beyond their control in the months prior to our inspection. This had impacted the pace of some improvements to the service that we identified at the last inspection. For this reason, we increased the timescale for two requirements to enable children's outcomes and experiences to benefit from the impact of these.

**(See section, What the service has done to meet any requirements made at or since the last inspection). One area for improvement remains in place.**

Parents and families had some opportunities to be involved in the setting. Parents were offered regular consultations with their child's key worker, as well as stay and play sessions. Children were dropped off and collected by parents and families in the cloakroom just within the main entrance. Opportunities for them to see how their child engaged in nursery life could be increased. This could support parents and families to increase their understanding of their child's experiences, such as learning through play, and encourage information sharing with staff.

Some quality assurance systems were in place or were at the early stages of being introduced. This meant that children were not yet consistently benefitting from improvements that would directly impact on their outcomes and experiences. We found some gaps in auditing and quality assurance processes which had the potential to lead to inconsistencies in children's care and support. For example, quality assurance was not yet identifying gaps in children's experiences in relation to effective, high quality interactions. This meant that children's ideas and learning were not consistently enriched or extended.

We found that some improvements had been made to aspects of the service since our last inspection.

**(See section, What the service has done to meet any requirements made at or since the last inspection).**

For example, staff were in the early stages of being fully involved in self-evaluation. They were able to reflect on what was working well and felt they were more confidently identifying areas that needed further development. Areas where staff training was required had been identified. We found that staff were motivated to play their role in improvement. Much of this work was in the early stages of implementation and it was too early to see a measurable impact on children's experiences and outcomes. For this reason we have extended the timescale for two requirements made at the last inspection.



(See section, What the service has done to meet any requirements made at or since the last inspection).

The manager and provider had a clear action plan in place. The pace of implementing actions should now be increased to enable greater progress with improvements which impact children's outcomes.

## How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

### 4.3 Staff deployment

Children benefitted from being supported by a staff team who worked well together. Some staff told us how much they appreciate the relationships they have built as a team. They felt they supported each other well. Staff spoke enthusiastically about the children and the work of the nursery, demonstrating their motivation to support improvement. Staff communicated respectfully with each other. Their calm voices and warm tones supported a friendly, respectful and positive ethos.

Staff supported children as their needs required although this was not always consistent. This happened when staff had not positioned themselves well. Staff were aware of how many children were in the setting. There was not yet a system in place for effective communication about numbers of children moving between indoor and outdoor areas. This meant there was sometimes an imbalance of staff between these areas. This led to some inconsistency in effective supervision and opportunities for staff to interact meaningfully with children to extend and enrich play.

Staff breaks were well planned, to support continuity of care of children at busier times of the day. Staff were on hand to ensure that children were supported through transitions from play to lunch time and at end of their day. Children's snack and lunch experiences benefitted from sufficient staff supporting them to eat well and safely. This meant children were supported by the right number of staff across the day. There was a mix of staff skills, experience and knowledge across the team. This had been taken into account when organising breaks. As a result children's care and support benefitted from these arrangements.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 21 February 2025, the provider must ensure each child receives appropriate care and support and their needs are met. To do this, the provider must, at a minimum:

- a) Ensure personal plans set out children's current needs and how they will be met.
- b) Ensure all staff are aware of and understand the information within the personal plans and use this to effectively meet each child's needs.
- c) Ensure personal plans are regularly reviewed and updated in partnership with parents to reflect children's current needs.

This is to comply with Regulation 5(1)(2) – (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state that:

"My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15)."

**This requirement was made on 30 October 2024.**

#### Action taken on previous requirement

Children's personal plans set out how their basic needs would be met to support their care and individual needs. Information in chronologies set out children's changing needs or significant events in their lives which had been identified as having potential impact and requiring some further support to be provided. Identified strategies were not consistently used by all staff in practice.

The service had developed a system for information sharing. For example, information from other professionals, such as the health visitor. There was a process in place to share this information with staff who were absent from work. This meant that all staff were made aware of updates and changes to children's individual needs and care. The service now needs to ensure that all staff are consistently using identified strategies to successfully support individual needs.

Personal plans were not yet consistently reviewed and updated in partnership with parents to reflect children's current needs. We advised the service we would extend the timescale to allow more time for the service to overcome some identified barriers to gathering sufficient information to meet children's needs well.

This requirement has not been fully met and we have agreed an extension until 27 October 2025.

## Not met

## Requirement 2

By 17 January 2025, the provider must ensure children's health and wellbeing is supported by effective prevention and control procedures. This is to ensure that infection prevention and control measures are consistent with the Public Health Scotland guidance document, "Health protection in children and young people settings, including education."

To do this, the provider must, at a minimum:

- a) Ensure that arrangements are in place for effective, daily cleaning which take into account cleaning team absences.
- b) Ensure dirty items such as rugs and cushions are washed, removed or replaced.
- c) Ensure door to toilets is closed to maintain infection prevention and control, and to respect the dignity and privacy of children.

This is to comply with Regulation 4 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

4. (1) (d) provider must where necessary, have appropriate procedures for the prevention and control of infection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22)

**This requirement was made on 30 October 2024.**

## Action taken on previous requirement

The manager had implemented a system whereby cleaning staff informed her directly of their absence. This meant that they could ensure contingency clean took place. There was a general improvement in the overall cleanliness of the floors. A new arrangement for the storage and changing of footwear helped ensure that mud, and other outside debris, were not walked across the floor and rugs. This made playing on the floor a safer and more appealing experience for children.

Items of furniture and soft furnishings which looked worn or dirty had been removed or replaced. A member of staff commented to us about what a positive difference they felt this step had made to improving the children's environment.

Children's health and wellbeing was supported by the minimising of potential risks of cross infection. This included staff ensuring the toilet door was closed over. Staff supported children's privacy and dignity by

being aware of those who needed to support with personal care. Staff were aware of children who might struggle with the door. For example, younger, smaller children or new starts perhaps feeling a bit anxious.

## Met - outwith timescales

### Requirement 3

By 21 February 2025, the provider must ensure positive outcomes for the children using the service. To do this, the provider must allocate sufficient resource to ensure the service is effectively managed and led.

This is to comply with Regulation 4 (1)(a)(b) (welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/10)

This is in order to ensure care and support is consistent with the Health and Social Care Standards, which state that:

"I use a service and organisation that are well led and managed." (HSCS 4.23)

**This requirement was made on 30 October 2024.**

### Action taken on previous requirement

Since the last inspection, the provider has allocated a senior practitioner to the service. We recognised that there have been some unforeseen barriers to this arrangement which have impacted the pace of change.

The senior practitioner works with both the manager and the staff to support the implementation of some identified improvements. They are supported by the local authority with regular input from the early years support officer and childcare manager. Improvements to the service were beginning to impact positively on children's outcomes.

The provider now needs to consider how this level of support will be sustained, to support the pace of change and improvement. This includes ensuring that factors influencing positive outcomes for children are embedded.

## Met - outwith timescales

### Requirement 4

By 21 February 2025, the provider must ensure that there are robust quality assurance processes and systems in place to monitor progress in making improvements, and ensuring that these are sustained. To do this the provider must at a minimum ensure:

- a) Clear and effective plans are in place for maintaining and improving the service.
- b) The manager effectively monitors the work of each member of staff and the service as a whole.

This is in order to comply with Regulation 3 and Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure care and support is consistent with the Health and Social Care Standards, which state that:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

**This requirement was made on 30 October 2024.**

#### Action taken on previous requirement

Some improvement priorities were beginning to have a positive influence on children's experiences and outcomes. Clear plans were in place, outlining actions, timescales and responsibilities relating to improvements. Progress with the action was regularly reviewed helping to keep improvement priorities focused. The pace of progress with these now needs to be increased to effect overall impact on children's outcomes.

The manager was in the early stages of implementing regular monitoring of the work of individual members of staff. To enable this improvement to be developed further we agreed to extend the timescale of the requirement. This work will also feed into the overall monitoring of the service as a whole by the manager.

This requirement has not been fully met and we have agreed an extension until 27 October 2025.

**Not met**

**What the service has done to meet any areas for improvement we made at or since the last inspection**

## Areas for improvement

### Previous area for improvement 1

To ensure that children's health and wellbeing is supported the service should provide safe, cosy spaces where they can rest and relax comfortably. This includes but is not limited to providing a space for children who need to rest or sleep to comfortably lie down, where they can be safely monitored by staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"If I experience care and support in a group, I experience a homely environment and can use comfortable area with soft furnishings to relax" (HSCS 5.6).

**This area for improvement was made on 30 October 2024.**

## Action taken since then

Children who needed a quieter space to self-regulate had been identified. A safe, cosy space had been created in a quieter area outwith the main room. Staff were able to see this area clearly from the main room to monitor the children's safety and wellbeing.

In the main play room children were able to relax on an adult height sofa, to snuggle up to an adult as they read a story. The service is continuing to evaluate this space to meet the needs of children effectively within the limited space available.

**This area for improvement has been met.**

## Previous area for improvement 2

To enable children to receive high quality play, learning and development opportunities, which support them to reach their full potential, the manager and staff should as a minimum ensure:

- a) All children experience an environment that is welcoming, well furnished, comfortable, and homely.
- b) Play spaces offer a range of resources and materials to effectively challenge and stimulate children, and reflect their current interests and curiosities, both indoors and outdoors.
- c) Staff have the knowledge and skill to respond to children's individual interests and needs with high quality interactions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity" (HSCS 2.27).

**This area for improvement was made on 30 October 2024.**

## Action taken since then

Children's care, play and learning were beginning to benefit from improvements to the environment. Development of the environment had been focused on indoor area. Furniture in the playroom had been

pared back to create an easier flow of movement around the areas of the room. Some homely touches, such as a full size sofa and book shelves provided a comfortable, homely touches.

Children's play experiences were beginning to benefit from some changes to how some resources were presented. Some current interests were reflected in the resources provided. Invitations to play were not yet consistently providing the challenge to extend the learning of some children. For example, some resources were under utilised because they had not been presented in a way that provoked curiosity or stimulation. The development of the outdoor area was an ongoing project staff were continuing to support.

Children experienced caring interactions which nurtured their care and support throughout the day. High quality interactions to enrich and extend children's knowledge and understanding were not yet consistently evident. Children's learning would benefit from interactions which pose questions to support and challenge their development.

**This area for improvement has not been fully met and remains in place.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	2 - Weak
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good



## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.