

Banavie Primary Nursery Day Care of Children

Banavie Primary Nursery School
Tomonie
Banavie
Fort William
PH33 7LX

Telephone: 01397 772 402

Type of inspection:
Unannounced

Completed on:
28 May 2025

Service provided by:
Highland Council

Service provider number:
SP2003001693

Service no:
CS2003016420

About the service

Banavie Primary Nursery is situated in the village of Banavie within the Lochaber area of the Highlands. The nursery is located in a converted classroom space within the building of Banavie Primary School. Accommodation comprises of a cloakroom, bright playroom, kitchen, toilet provision and a small, enclosed outdoor area. The nursery also has access to a large garden and playground space which they share with the school.

The service is provided by Highland Council and managed by the primary school head teacher. It is registered to provide a day care of children's service to a maximum of 16 children aged from three years to those not yet attending primary school. Fourteen children were present at the time of the inspection.

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; and
- 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.

About the inspection

This was an unannounced inspection which took place on 27 May 2025 between 08:30 and 16:30 and 28 May 2025 between 08:30 and 10:30. Feedback was shared with the service on 28 May 2025 between 13:30 and 14:30. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, 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 three of their families;
- spoke with three staff and the manager;
- reviewed online questionnaire feedback from four families;
- reviewed online questionnaire feedback from three staff;
- observed practice and children's experiences; and
- reviewed documents.

Key messages

- Children experienced inconsistent interactions throughout the day, which did not always support their well-being.
- Some play and learning experiences supported children's development of literacy and language.
- Improvements to the layout and resources within the indoor playroom supported children's creativity and imagination.
- Children benefited from uninterrupted play for some of the time. However, there were frequent occasions where children's choice was restricted as their play was interrupted to undertake adult directed activities.
- The nappy changing facilities within the service did not meet best practice guidance.
- Quality assurance processes were not yet supporting an effective focus on improving outcomes for children and families.
- The deployment and number of staff working in the service were insufficient to meet children's needs.

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?	2 - Weak
How good is our staff team?	2 - Weak

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.

Quality Indicator 1.1: Nurturing care and support

Children experienced inconsistent interactions throughout the day. We saw some interactions that were nurturing and responsive to the needs of children. During these times staff engaged with children down at their level and offered physical comfort and reassurance in a respectful way. This supported children to feel safe and secure. However we also observed some interactions that did not positively support children's wellbeing. For example, at times, the tone and manner of some interactions lacked empathy and did not take into the consideration the feelings and wellbeing of children. This had the potential to compromise children's self-esteem and confidence (**see area for improvement 1**).

Children were not consistently receiving the support they needed at the right times. Some personal plans contained strategies to support children's care. However the service was not consistently using these strategies to support children's development. For example, specific strategies to support transition times and communication had been identified and were not consistently used. As well as this, some strategies to support children's care lacked specific detail. This impacted the ability to effectively review and update children's current needs and did not provide clear information for staff to enable them to meet children's individual needs (**see area for improvement 2**).

Since the last inspection, children had more opportunities to be independent at snack and lunchtimes. Children were able to serve their own snack and meal accompaniments, pour their own drinks as well as clear their own plates. This provided opportunities for children to take some responsibility. We spoke to the service about how this could be extended further, for example, by involving children in the preparation of snack.

At times during snack, staff became task focused and did not always sit with children while they ate to promote safe eating. This meant they were distracted from being alert to children's wellbeing as they ate. There were more occasions for staff to sit with children during the lunch experience which promoted opportunities to support children's social and language skills. Children's experience towards the end of lunch time was not as positive. Children from the school joined the canteen space which led to noise levels increasing. At this time, staff were less able to supervise children effectively as arrangements left one staff member supervising two tables. As a result, children did not always get the support and interaction to promote a nurturing mealtime experience. There was an area for improvement stated during the last inspection related to children's mealtime experiences. Some progress has been made towards meeting this. However, this will remain in place and be reviewed to include areas which have been highlighted during this inspection (see previous area for improvement 1 in 'What the service has done to meet any areas for improvement we made at or since the last inspection?').

Quality indicator 1.3: Play and learning

Children were able to lead their own play experiences within the nursery for some of the time. There were some times where staff were responsive to children's interests and available to support their play. For example, staff responded well to children's interest in the rain outdoors and encouraged them to explore and experiment with water and investigate concepts such as floating and sinking. This promoted children's natural curiosity and actively engaged their interest.

Some play and learning experiences supported children's development of literacy and language. There were occasions where staff shared stories and songs with children which supported the development of their talking and listening skills. There were also opportunities for children to develop their mark making and pre-writing skills through painting, cutting, glueing and by experimenting with the selection of craft materials available. As a result, children had some opportunities to develop literacy and language skills in contexts which engaged their interest.

Staff knowledge of child development, theory and practice varied across the staff team which impacted the quality of children's play experiences. Some staff had limited understanding of child-led play approaches and opportunities to build on children's interests and provide challenge were missed.

For some of the time, children benefited from uninterrupted play allowing them to become absorbed and have fun. This increased their happiness and engagement levels. However, there were frequent occasions where children's choice was restricted as their play was interrupted to undertake adult directed activities. For example, in the mornings of the inspection, children were not supported to continue their engagement in play which was holding their interest. Instead they were asked to join a whole class, adult-led gather. Staff expectations at this time did not support children's differing stages of development well. As a result, children's engagement levels were reduced and there were missed opportunities to support their creativity.

Children's play was also interrupted at other times of the day. For example, there were many times children were asked to stop play and tidy up resources they were using which disrupted their play and limited opportunities for them to re-visit their learning. As well as this, for most of the session, children could only access the outdoor space as a whole group at short times within the day. This limited children's choice and negatively impacted their experiences.

There were few opportunities that effectively supported children to enrich their play, learning and development. We saw some examples of staff extending children's play through effective interactions and learning conversations. However this was not consistent. Staff did not always pick up on children's cues for support and interaction. This resulted in missed opportunities to provide challenge for children, widen their thinking and consolidate their learning through play.

Children were not consistently supported by quality observations and effective assessments. Staff used learning profiles to record observations of children's experiences and share these with families. One parent told us that they agreed that they were kept informed of their child's experiences in the service. "As a parent I receive my child's folder home to review and know I can access this at any time.". However, observations did not consistently identify children's learning or next steps. The service had identified the need to review their approach to planning, observation and assessment, to ensure children were offered play and learning opportunities which supported, challenged and extended their learning.

Areas for improvement

1. To support children's care and wellbeing and development needs, the provider should ensure staff have the right skills and attributes. To do this, the provider should at a minimum, ensure staff are supported to develop their skills in high quality interactions, ensuring children experience consistently positive interactions throughout their daily experiences.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

2. The provider should develop children's personal plans and support staff to use this information effectively to meet children's health, welfare and safety needs. To do this, the provider should, at a minimum, ensure:

- a) personal plans set out children's current needs and how they will be met;
- b) personal plans contain appropriate strategies for support, including clear actions and timescales for review; and
- c) personal plans are regularly reviewed and updated in partnership with families.

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

How good is our setting?

3 - Adequate

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

Quality indicator 2.2: Children experience high quality facilities

The indoor play space was bright and comfortable with plenty of natural light and ventilation. This provided a welcoming space for children and their families. Over the past few months the staff team had worked to review and develop the layout and resources within the indoor space. Children had been involved in this process and contributed ideas to the layout changes. Areas for children to rest and relax had been developed as well as more defined and purposeful areas for block play, arts and crafts and water play. As a result, children had ample space for their needs indoors.

Children had access to some resources which were structured to take account of their interests and developmental stages. Children enjoyed using the open ended resources within the home corner to make meals, set the table and engage in imaginary play. Other children enjoyed using the cosy area to lie down and relax and share books. There were resources related to children's interests in minibeasts such as craft making materials, small world insects and non-fiction books which staff shared with children. As a result, children had opportunities to take part in some play experiences which reflected their interests.

Free-flow access from the indoor playroom to the outside spaces could be facilitated. However, due to staffing arrangements, outdoor play happened at set times which limited children's choice and experiences. When children had the opportunity to play outdoors, they were engaged with the resources they had available. The service had identified the need to develop the quality and range of resources outdoors to further enhance children's choice and enjoyment of play experiences.

There were some infection prevention and control procedures which supported a safe environment for the children and staff. The environment was generally clean and staff washed their hands at appropriate times throughout the day. Some infection control practice needed improvement. Children were not always supported to wash their hands at appropriate times, for example after outdoor play. Procedures in place for supporting children with nappy changing did not follow effective infection control practices. There was a previous area for improvement stated to address issues with infection prevention and control at the last inspection. Some progress has been made towards meeting this. However, this will remain in place and be reviewed to include areas which have been highlighted during this inspection (**see area for improvement 1**).

Since the last inspection, the service had reviewed its nappy changing facilities. The current nappy changing facilities did not support effective infection prevention and control as nappy changing was designated to take place in an area shared with a children's toilet and the service had not adequately risk assessed this arrangement to reduce the risk of cross contamination. This area was also used to store resources which reduced the ability to effectively clean the space. This had the potential to increase the risk of the spread of infection and does not currently meet best practice guidance reflected in the Scottish Government document 'Space to Grow and Thrive' and the Care Inspectorate nappy changing guidance document 'Nappy changing for early learning and childcare settings (excluding childminders)'. There was a previous area for improvement stated to address issues with nappy changing facilities at the last inspection. This will remain in place.

Areas for improvement

1. To keep children safe and healthy and to promote their wellbeing, the provider should ensure effective infection prevention and control practices are in place. This includes but is not limited to ensuring:

- a) correct hand washing routines are established and maintained, according to infection prevention and control guidance; and
- b) effective infection, prevention and control practices are in place during nappy changing.

This is to ensure that infection prevention and control practices are consistent with the Public Health Scotland document: Health protection in children and young people settings, including education.

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 based on relevant evidence, guidance and best practice.' (HSCS 4.11).

How good is our leadership?

2 - Weak

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

Quality indicator 3.1: Quality assurance and improvement are led well

The manager recognised the need to review the current vision, values and aims to reflect the aspirations of their children, families, partners and the wider community. This was planned to take place next session and contribute to the overall service developments moving forward.

Children and families had some opportunities to be involved in the development of the service. Children had been consulted on the recent environment changes, adding their ideas and suggestions to the process. Families were also given opportunities to be involved in service developments through parent consultations, stay and play sessions and through their involvement in the Parent Council Forum. Most families who responded to our survey agreed or strongly agreed with the statement 'My child and I are involved in a meaningful way to help develop the service'. As a result, children and families were supported to have their views included in some aspects of the service development.

Effective systems for staff to reflect on and develop their practice were in the early stages. Weekly staff meetings with the manager provided opportunities to discuss operational matters and some areas related to practice. Staff were complimentary of the manager and spoke positively about the support they received. This encouraged them to feel valued and included in the service. Staff told us that they had undertaken various professional development opportunities and been given responsibility for areas for leadership since the last inspection. However, opportunities for staff to reflect on their practice and receive constructive individual feedback to improve were not yet supporting improvements to be made in the service.

There were discrepancies in the manager and staff's understanding of the process to pass on child protection and well-being concerns. This had the potential to compromise accurate record keeping and important chronologies needed to keep children safe and protected from harm.

The manager no longer had the additional management responsibilities of another service. This had enabled them to dedicate focussed time to lead and manage the service and begin to carry out monitoring and quality assurance tasks. An improvement plan had been implemented since the last inspection to address areas of development and some quality assurance procedures had started to be implemented. For example, monitoring of the contents of children's profiles and planning approaches had identified areas for improvement and some actions had started to be taken to address this.

However, we found there were significant gaps in quality assurance processes. For example, monitoring had not identified aspects of practice that needed to be improved around personal planning, the emphasis on adult directed practice, staff interactions or deployment. As a result, children were not yet benefiting from a service with robust quality assurance processes to support a cycle of continuous improvement.

We made a requirement to address issues with quality assurance at the last inspection. This has not been met and will remain in place.

How good is our staff team?**2 - Weak**

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

Quality indicator 4.3: Staff deployment

Families reported that they felt the staff team had a welcoming and friendly approach and that they had positive relationships with the staff team. All families who responded to our survey shared that they were always welcomed into the service and had the opportunity to discuss their child's care, play and learning. Some families commented: "Staff are always available and approachable at both pick up and drop off to allow opportunity to discuss anything with them." and "The staff are open and honest. I find them approachable and that they listen if I have concerns about my child.". This supported families to feel included in the service.

Most of the time, the staff team worked to ensure children were effectively supervised across the day. There were challenges in them doing so, due to the layout of the building and the needs of children. Staff who responded to our survey highlighted issues with the staff deployment arrangements: "We feel we do not always have adequate staff at all times to meet everyone's needs due to children's needs and the layout of our room/toilets. The support worker post had no applicants internally and had to be readvertised externally." and "At the times of day when there is only two staff members this can sometimes be difficult to manage all the nursery spaces i.e. outdoor, indoor and toilet".

Since the last inspection, the service had attempted to recruit a further member of staff to support the nursery team. This recruitment process had been unsuccessful, and the manager was in the process of re-advertising the post.

Although the minimum adult to child ratio was met, the deployment and number of staff working in the service was insufficient to meet children's needs. The approach to staffing in the service was not outcome focussed and did not take into account the complexity of individual children's needs and the layout of the building. For example, play and learning experiences were not always being maximised to ensure children's individual development needs were supported. In addition, free flow play between the indoors and outdoors could not be facilitated for most of the day. This limited children's choice of where they could play. This did not promote children's wellbeing and resulted in missed opportunities to support them to reach their potential.

On occasions staff were poorly positioned. For example, some staff were positioned with their backs to children and could not effectively supervise snack experiences or observe play and learning. This resulted in inadequate supervision levels as staff were not aware of where best to prioritise their support.

Some aspects of the organisation and daily routine did not support effective staff deployment. For example, one member of staff was task focused on prepping snack at children's arrival times. This limited the amount of quality interaction children received from an adult when they entered the service. As well as this, staff did not always make best use of the support available when they were in the playroom with children alone and did not always, for example, use the phone to call for assistance. As a result, children were not consistently receiving positive experiences throughout their day.

We made a requirement to address issues with staff deployment at the last inspection. This has not been met and will remain in place.

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

Requirements

Requirement 1

By 28 April 2025, the provider must ensure positive outcomes for children's learning, development and wellbeing. To do this, the provider must ensure sufficient resources are allocated to effectively manage and lead the service.

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 23 January 2025.

Action taken on previous requirement

The manager no longer has additional management responsibilities for another school and nursery. As a result, sufficient resources have now been allocated to lead and manage the service. This requirement has been met.

Met - within timescales

Requirement 2

By 28 April 2025, the provider must ensure improved outcomes for children by implementing effective systems of quality assurance. To do this the provider must, at a minimum, ensure:

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

This is to comply with Regulation 3 Principles 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: '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 23 January 2025.

Action taken on previous requirement

Effective systems for quality assurance were not yet in place. An improvement plan had been developed which focussed on areas identified for development at the last inspection. The service had taken some steps to address these. For example, improvements to the layout of the environment and quality of

resources indoors have been developed. As a result, children had more opportunities to be engaged in interesting play experiences which supported their curiosity and creativity.

However, there were significant gaps in the quality assurance processes. For example, the service had not identified issues with personal planning, staff interactions or staff deployment. This did not support positive outcomes for children.

Whilst some progress had been made against this requirement, we recognised the manager needed more time to fully implement and embed this and further develop quality assurance processes to support improvement within other areas of the service.

This requirement has not been fully met and will be extended until 27 October 2025.

Not met

Requirement 3

By 28 April 2025, to ensure children's care and support needs are met and they receive high quality experiences, the provider must ensure there are effective staffing arrangements in place. To do this, the provider must, at a minimum:

- a) assess and review children's care and support needs, taking into account the layout of the service; and
- b) use the outcome to inform staffing numbers and arrangements.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17) and 'My needs are met by the right number of people.' (HSCS 3.15)

This requirement was made on 23 January 2025.

Action taken on previous requirement

Effective monitoring of staff deployment had not yet been implemented to ensure high quality outcomes for all children. For further details, see section 4.3 within the full inspection report.

This requirement has not been fully met and will be extended 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 support children's wellbeing, the provider, manager and staff should review and improve the mealtime experiences. This should include, but is not limited to:

- a) promoting opportunities for developing children's independence; and
- b) reviewing staff deployment to ensure children are effectively supervised at mealtimes.

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

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible.' (HSCS 1.35); and
'I take part in daily routines, such as setting up activities and mealtimes, if this is what I want.' (HSCS 2.21).

This area for improvement was made on 23 January 2025.

Action taken since then

Children had some opportunities for independence during snack and lunchtimes. This included serving snack and meal accompaniments and pouring their own drinks. We spoke with the service about ways this could be developed further.

Effective staff deployment during snack and mealtimes was inconsistent and there was periods of time during snack where children were not effectively supervised.

Although some progress has been made, this area for improvement has not yet been met and will be continued.

Previous area for improvement 2

To promote children's continued learning, development and enjoyment, children should have access to a wide range of literacy and numeracy resources and experiences which are challenging and suitable to their individual interests and stages of development. There should be a sufficient range of resources to enable children to engage in meaningful play which supports their natural curiosity, learning and creativity'.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 23 January 2025.

Action taken since then

Since the last inspection, the service had developed the quality and range of resources within the indoor space. As a result, children had access to a wider range of resources and experiences to support their literacy and numeracy skills as well as their creativity and imagination. The service had identified the need to continue to extend these developments to the outdoor space.

This area for improvement has been met.

Previous area for improvement 3

To keep children safe and healthy and to promote their wellbeing, the provider should ensure effective infection prevention and control practices are in place. This includes but is not limited to:

- a) ensuring that correct hand washing routines are established and maintained, according to infection prevention and control guidance;
- b) items, such as water bottles, which have been stored and used in general areas are not used at tables where food is served; and
- c) reviewing arrangements to the toilet area entrance door to minimise the potential for cross contamination.

This is to ensure that infection prevention and control practices are consistent with the Public Health Scotland document: Health protection in children and young people settings, including education.

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 based on relevant evidence, guidance and best practice.' (HSCS 4.11).

This area for improvement was made on 23 January 2025.

Action taken since then

Some infection prevention and control practices had been improved since the previous inspection. Water bottles used in general areas were not used at tables where food was consumed and arrangements for the toilet door had been improved. This helped to reduce the risk of cross contamination. Some progress had been made with handwashing routines, but children were not consistently washing hands at suitable times, such as after outdoor play. As well as this, procedures in place for supporting children with nappy changing did not follow effective infection control practices.

Some progress had been made towards meeting this area for improvement. However, further work is needed to address outstanding issues.

This area for improvement will remain in place and be reviewed to include areas which have been highlighted during this inspection **(see new area for improvement 1 in 2.2)**.

Previous area for improvement 4

To ensure children receiving personal care are effectively supported, the provider should, at a minimum, ensure that appropriate nappy changing facilities are available within the service.

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 based on relevant evidence, guidance and best practice.' (HSCS 4.11).

This area for improvement was made on 23 January 2025.

Action taken since then

Since the last inspection, the service had reviewed their provision for nappy changing. Nappy changing was designated to take place in an area shared with a children's toilet. The service had not adequately risk assessed this arrangement to reduce the risk of cross contamination. This area was also used to store resources which impacted the ability to effectively clean the space. This had the potential to increase the risk of the spread of infection.

This area for improvement has not yet been met and will be continued.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
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?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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