



## Application for Registration as a Childminder

Please complete the form using **BLOCK CAPITALS** throughout

<b>1. PERSONAL DETAILS:</b>		
<b>Surname:</b>	<b>First Name(s):</b>	
<b>Previous Name(s):</b>	<b>Name usually known by:</b>	
<b>Date of Birth:</b>	<b>National Insurance No:</b>	
<b>Current Address:</b>	<b>Previous Addresses: (within last 5 years)</b> <i>(use separate sheet if necessary)</i>	
<b>Postcode:</b>		
<b>Phone No: Home</b>	<b>Work:</b>	<b>Mobile:</b>
<b>email address:</b>		

If applying from outside Northern Ireland, please state address where childminding will take place.	
<b>Address:</b>	<b>Postcode:</b>

<b>2. QUALIFICATIONS</b> relevant to this application, including courses attended, subjects studied, with dates	
<b>Qualification</b>	<b>Date Completed</b>

<b>3. EXPERIENCE</b> (state any relevant experiences, including voluntary or paid work with children, elderly, or people with a disability)

<b>4. REFERENCES</b> please give the name and contact details of two referees who have known you for at least two years and would be able to comment on your experience with children. (Not General Practitioner (Doctor), Health Visitor or relative)	
<b>Name:</b>	<b>Name:</b>

<b>Address:</b>	<b>Address:</b>
<b>Postcode:</b>	<b>Postcode:</b>
<b>Phone No:</b>	<b>Phone No:</b>
<b>Mobile No:</b>	<b>Mobile No:</b>
<b>Email:</b>	<b>Email:</b>
<b>Occupation:</b>	<b>Occupation:</b>

**5. General Practitioner (Medical Doctor)** please give the name, address and telephone number of your General Practitioner

**Name:**

**Surgery:**

**Address:**

**Phone No:**

**6. HEALTH VISITOR** please give the name, address and telephone number of your Health Visitor (if you have a child under school age)

**Name:**

**Health Centre:**

**Address:**

**Phone No:**

**7. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD:**

(a) Had any involvement with the local Social Services?  Yes  No

(b) Had any involvement with a Social Service Office in any other area?  Yes  No

(c) Had a child's name placed on the Child Protection Register?  Yes  No

(d) Had involvement at any time in child protection procedures?  Yes  No  
If yes, please give details, including contact details of Authority involved.

**8. ANY OTHER WORK** will you have any other work/employment outside of childminding hours?

Yes  No

If yes, please state

**9. PREVIOUS APPLICATIONS**

Have you ever made a previous application for registration as a childminder/foster parent/daycare owner?

 Yes

 No

If yes, please give details:

Date of Application:

Health and Social Care Trust Office to which it was made:

**10. MEMBERS OF HOUSEHOLD**

(a) Adults and children age 10 or over (e.g. husband, wife, partner, son, daughter, lodger or other relatives). Each of the following must complete an Access NI Disclosure Application Form and Consent to Trust Records Check.

Name	Date of Birth	Relationship

(b) Children (under 10)

State the name/s and date of birth of any child you have a responsibility for:

Name	Date of Birth	Relationship

**11. REGULAR VISITORS** who are likely to be present during childminding hours  
(These visitors must complete Access Disclosure Application and consent to Trust Records check form)

Name:

Date of Birth:

Relationship to Applicant:

## 12. DISQUALIFICATION FOR CARING FOR CHILDREN REGULATIONS (NI) 1996

The above regulations specify various circumstances in which a person is disqualified from caring for children, being registered as a childminder or provider of daycare. In very exceptional circumstances, the Trust has the power to lift the disqualification(s).

Please answer all the questions:

		YES	NO
1	Have you or any member of your household or regular visitor ever been convicted of any offences specified in Schedule 1 to the Children and Young Persons Act (NI) 1969 (a), the Homosexual Offences (NI) Order 1982 (b), Schedule 1 to the Children and Young Persons Act 1933 (c) and Schedule 1 to the Criminal Procedure (Scotland) Act 1975 (d).	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you or any member of your household or regular visitor ever had a court order made against you removing any child from your care or preventing a child living with you?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you or any member of your household or regular visitor ever been involved in a children's home which was refused registration or removed from the register?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you or any member of your household or regular visitor ever been refused registration in respect of playgroups, daycare or childminding or had any such registration cancelled?	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you or any member of your household or regular visitor ever been refused approval as a home child carer or had any such approval withdrawn?	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you or any member of your household or regular visitor ever been prohibited from being a private foster parent?	<input type="checkbox"/>	<input type="checkbox"/>
7	Have you or any member of your household or regular visitor ever been convicted of an offence in relation to a children's home, the provision of daycare or childminding or private fostering or adoption?	<input type="checkbox"/>	<input type="checkbox"/>
8	Have you or any member of your household or regular visitor ever been convicted of any offence in relation to a child?	<input type="checkbox"/>	<input type="checkbox"/>
9	Have you or any member of your household or regular visitor ever been convicted of any offence involving injury or threat or injury to another person?	<input type="checkbox"/>	<input type="checkbox"/>
10	Have you or any member of your household or regular visitor ever been listed in the DHSS Protection of Children and Vulnerable Adults (NI) register (POCVA)?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to any of the above questions, please provide details below or on a separate sheet if necessary

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Signed \_\_\_\_\_  
Applicant

Date: \_\_\_\_\_

**13. ACCOMMODATION**

**(a) Are you a Homeowner or Tenant?**

**(b) If you are a Tenant please give name and address of Landlord or Housing Office**


**NB. If you rent your home, please ensure your proposal to childmind meets with the terms of your tenancy agreement.**

**(c) Type of Premises (Flat, House, etc):**

**(d) Describe your accommodation on each floor - state if shared with others**

<b>Play space available:</b>

#### 14. CONSENT

I give my consent for the following checks to be made in support of this application and that such information can be disclosed to those dealing with this application. (please tick)

- Referees
- Health Visitor
- Medical Advisor (if applicable)
- General Medical Practitioner
- Access NI
- Independent Safeguarding Authority
- All Health and Social Care Trust Records
- SSAFA

Signed \_\_\_\_\_  
Applicant

Date \_\_\_\_\_

#### 15. DECLARATION

I declare that all particulars given in respect of this application are to the best of my knowledge and belief, correct and complete.

I agree to comply with the registration requirements specified by Health and Social Care Trust Regulations and Guidance Document 1996.

I will inform the Early Years Team of any significant change in my circumstances including in particular any additions to the number of people in the household.

I will also inform the Team of any known convictions during the registration process or subsequent to my registration.

I agree that any adult joining or regularly visiting my household will be asked to consent to appropriate police checks and health checks.

#### **Non-discriminatory declaration**

I am fully committed to the Trust's policy on caring for children in a mixed community and to enable my approval as a childminder/day care provider, I give the following undertaking: I will treat the children I am asked to care for/to provide day care with equal concern and, in doing so, I agree to meet their specific needs with regard to their religious persuasion, racial origin, cultural and linguistic background as well as gender or disability.

Signed \_\_\_\_\_  
Applicant

Date \_\_\_\_\_

**Please return completed form to your local Early Years Team:**

*Early Years Team, Southern Health & Social Care Trust, 2 Old Lurgan Road Portadown BT63 5SG*