

Application for Registration as a Daycare Provider

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

Type of Daycare Facility

- | | |
|--|--|
| <input type="checkbox"/> Day Nursery | <input type="checkbox"/> Creche |
| <input type="checkbox"/> Playgroup | <input type="checkbox"/> Programme for 2 year olds |
| <input type="checkbox"/> Out of School | <input type="checkbox"/> Summer Scheme |

Management Type

- | | | |
|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Private | <input type="checkbox"/> Community | <input type="checkbox"/> Voluntary Organisation |
|----------------------------------|------------------------------------|---|

Position/Role of Applicant/s

- | | |
|--|---|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Chairperson of Committee |
| <input type="checkbox"/> Owner/Manager | <input type="checkbox"/> Other (please specify): |

1. PERSONAL DETAILS OF APPLICANT (if more than one applicant, please provide information specific to each applicant)

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

2. QUALIFICATIONS relevant to this application, including courses attended, subjects studied, with dates

Qualification	Date Completed

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

4. REFERENCES 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) or relative)

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Phone No:	Phone No:
Mobile No:	Mobile No:
Email:	Email:
Occupation:	Occupation:

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

Name:
Surgery:
Address:
Phone No:

6. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD:

(a) Had any involvement with the local Social Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Had any involvement with a Social Service Office in any other area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Had a child's name placed on the Child Protection Register?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Had involvement at any time in child protection procedures? If yes, please give details, including contact details of Authority involved.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. ANY OTHER WORK will you have any other work/employment?

Yes No

If yes, please state:

8. PREVIOUS APPLICATIONS	
Have you ever made a previous application for registration as a childminder/foster parent/daycare owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details:	
Date of Application:	
Health and Social Care Trust Office to which it was made:	

9. DETAILS OF 2ND APPLICANT SECTIONS (A – H)

(A) PERSONAL DETAILS OF APPLICANT (if more than one applicant, please provide information specific to each applicant)		
Surname:	First Name(s):	
Previous Name(s):	Name usually known by:	
Date of Birth:	National Insurance No:	
Current Address:	Previous Addresses: (within last 5 years) <i>(use separate sheet if necessary)</i>	
Postcode:		
Phone No: Home	Work:	Mobile:
email address:		

(B) QUALIFICATIONS relevant to this application, including courses attended, subjects studied, with dates	
Qualification	Date Completed

(C) EXPERIENCE (state any relevant experiences, including voluntary or paid work with children, elderly, or people with a disability)

(D) REFERENCES 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)	
Name:	Name:
Address:	Address:

Postcode:	Postcode:
Phone No:	Phone No:
Mobile No:	Mobile No:
Email:	Email:
Occupation:	Occupation:

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

Name:

Surgery:

Address:

Phone No:

(F) HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD:

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

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

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

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

(G) ANY OTHER WORK will you have any other work/employment?

Yes No

If yes, please state:

(H) 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. 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

Signed _____
1st Applicant

Date: _____

10. 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"/>
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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"/>
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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

Signed _____
2nd Applicant

Date: _____

11. PREMISES
<u>Name and Address of the proposed setting</u>
Setting Name:
Full Postal Address:
Post Code:
Telephone No: (including area code)
Fax No:
Email Address:
<u>Setting Information</u>
Will you have sole use of the premises during the periods of operation of the daycare? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please state the names of other people living on the premises:
Please state the number of rooms and their functions, including measurements:
Description of Outdoor Play area:
Access to premises for cars
List the number of toilets and wash basins available for children
List any separate facilities for staff

12. PROVISION	
Target date of opening:	
How many children under 12 do you wish to be registered to care for in total:	
How do you wish to group these children?	
Age range Number of children (if known)	
0-2 years	
2-3	
3-5	
5-8	
9-11	

14. CONSENT

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

Signed _____
Applicant

Date _____

Signed _____
Applicant

Date _____

15. DECLARATION

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

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

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

I/we agree that all staff will submit to the appropriate pre-employment checks and await satisfactory outcome before commencement of employment.

Non-discriminatory declaration

I /we am/are 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/we give the following undertaking: I/we will treat the children I/we am/are asked to care for/to provide day care with equal concern and, in doing so, 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 _____

Signed _____
Applicant

Date _____

Please return completed form to your local Early Years Team:

Early Years Team, Southern Health & Social Care Trust,
Gosford Place, The Mall, Armagh, BT61 9AR