

Childminding Enquiry Form

Trust:	SOUTH EASTERN HEALTH & SOCIAL CARE TRUST
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Please tick

Childminder:	
Assistant:	

SECTION ONE

Name:	
Previous names if applicable:	
Date of Birth:	
Address:	
Post Code:	
Home Tel No:	
Mobile Tel No:	
Email Address:	
Please state preferred method of contact:	

SECTION TWO

Do you have any formal child care qualifications?	Yes	
	No	

If yes, please give details

Have you previously been a registered childminder?
If yes, please give details including dates of attendance at a pre-registration course (if applicable)

All applicants, regardless of any childcare qualifications or other professional qualifications, are required to attend a Pre-registration Briefing Session on Childminding to enable you to make an informed decision about your application. (The sessions will be available in your Trust area and also on a regional basis. Willingness to attend across Trust areas may speed up your application process).

How many other people over the age of 10 live in your home?	
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On receipt of this form, your name will be added to a waiting list for attendance at the Pre-registration Briefing Session and you will be informed of the dates, time and venues available as soon as possible.

Signed:	
Print Name:	
Date:	

FOR TRUSTS ONLY

Name forwarded for Pre-Registration Briefing Event?	Yes	
	No	

Signature:	
Date:	