

South Eastern Health & Social Care Trust

# Application for Registration as a Day Care Provider

Please complete the form using BLOCK CAPITALS throughout

**Type of Day Care Facility**

- |                                        |                                                    |                                                 |
|----------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Day Nursery   | <input type="checkbox"/> Crèche                    | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Playgroup     | <input type="checkbox"/> Programme for 2 year olds |                                                 |
| <input type="checkbox"/> Out of School | <input type="checkbox"/> Holiday Scheme            |                                                 |

**Management Type**

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

**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)

<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>			<input type="checkbox"/>
<b>Phone No: Work</b>			<input type="checkbox"/>
<b>Mobile</b>			<input type="checkbox"/>
<b>Email Address:</b>			<input type="checkbox"/>

*Please indicate your preferred method of contact*

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

<b>Qualification/Training</b>	<b>Date Completed</b>

**3. EXPERIENCE**

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

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**4. REFERENCES**

Please give the name and contact details of two referees including your current/most recent employer. If you have not been employed working with children, a referee should have known you for at least two years and be able to comment on your experience with children (Not General Practitioner (Doctor) 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

<b>Name:</b>	
<b>Surgery:</b>	
<b>Address:</b>	
<b>Phone No:</b>	

**6. HEALTH VISITOR**  
 Please give the name, address and telephone number of your Health Visitor (if you have a child under age 5)

<b>Name:</b>	
<b>Health Centre:</b>	
<b>Address:</b>	
<b>Phone No:</b>	
<b>Name of Child:</b>	
<b>Child's Date of Birth:</b>	

**7. HAVE YOU:**

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	
<i>If yes, please give details, including contact details of Authority involved.</i>				

**8. ANY OTHER WORK**  
 Will you have any other work/employment?  
 If yes, please state

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**9. PREVIOUS APPLICATIONS**

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

**10. DETAILS OF 2<sup>nd</sup> APPLICANT SECTIONS (A-I)****(A) PERSONAL DETAILS OF APPLICANT (if more than one applicant, please provide information specific to each applicant)**

<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>		
Postcode:			
<b>Phone No: Home</b>			<input type="checkbox"/>
<b>Phone No: Work</b>			<input type="checkbox"/>
<b>Mobile</b>			<input type="checkbox"/>
<b>Email Address:</b>			<input type="checkbox"/>

*Please indicate your preferred method of contact*

**(B) QUALIFICATIONS/TRAINING**

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

Qualification/Training	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 including your current/most recent employer. If you have not been employed working with children, a referee should have known you for at least two years and be able to comment on your experience with children (Not General Practitioner (Doctor) 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>	

**(E) GENERAL PRACTITIONER (Medical Doctor)**

Please give the name, address and telephone number of your General Practitioner

<b>Name:</b>	
<b>Surgery:</b>	
<b>Address:</b>	
<b>Phone No:</b>	

**(F) HEALTH VISITOR**

Please give the name, address and telephone number of your Health Visitor (if you have a child under age 5)

<b>Name:</b>	
<b>Health Centre:</b>	
<b>Address:</b>	
<b>Phone No:</b>	
<b>Name of Child:</b>	
<b>Child's Date of Birth:</b>	

**(G) HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD:**

e) Had any involvement with the local Social Services?	Yes		No	
f) Had any involvement with a Social Service Office in any other area?	Yes		No	
g) Had a child's name placed on the Child Protection Register?	Yes		No	
h) Had involvement at any time in child protection procedures?	Yes		No	
<i>If yes, please give details, including contact details of Authority involved.</i>				

**(H) ANY OTHER WORK**  
**Will you have any other work/employment?**  
**If yes, please state**

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**(I) PREVIOUS APPLICATIONS**

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



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

### 1<sup>st</sup> APPLICANT

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

**Please answer all the questions:**

	Yes	No
a) Have you ever been convicted of any offences specified in Schedule 1 to the Children and Young Persons Act (NI) 1968 (a), Schedule 1 to the Children and Young Persons Act 1933 (c) and Schedule 1 to the Criminal Procedure (Scotland) Act 1975 (d).		
b) Have you ever had a court order made against you removing any child from your care or preventing a child living with you?		
c) Have you ever been involved in a children's home which was refused registration or removed from the register?		
d) Have you ever been refused registration in respect of playgroups, daycare or childminding or had any such registration cancelled?		
e) Have you ever been refused approval as a home child carer or had any such approval withdrawn?		
f) Have you ever been prohibited from being a private foster parent?		
g) Have you ever been convicted of an offence in relation to a children's home, the provision of daycare or childminding or private fostering or adoption?		
h) Have you ever been convicted of any offence in relation to a child?		

	Yes	No
i) Have you ever been convicted of any offence involving injury or threat or injury to another person?		
j) Is there any reason why you cannot work in regulated activity with Children as defined in Schedule 2 of the Safeguarding Vulnerable Groups (NI) Order 2007?		

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

Signed: \_\_\_\_\_  
1<sup>st</sup> Applicant

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

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

### 2<sup>nd</sup> APPLICANT

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

**Please answer all the questions:**

	Yes	No
a) Have you ever been convicted of any offences specified in Schedule 1 to the Children and Young Persons Act (NI) 1968 (a), Schedule 1 to the Children and Young Persons Act 1933 (c) and Schedule 1 to the Criminal Procedure (Scotland) Act 1975 (d).		
b) Have you ever had a court order made against you removing any child from your care or preventing a child living with you?		
c) Have you ever been involved in a children's home which was refused registration or removed from the register?		
d) Have you ever been refused registration in respect of playgroups, day care or childminding or had any such registration cancelled?		
e) Have you ever been refused approval as a home child carer or had any such approval withdrawn?		
f) Have you ever been prohibited from being a private foster parent?		
g) Have you ever been convicted of an offence in relation to a children's home, the provision of day care or childminding or private fostering or adoption?		
h) Have you ever been convicted of any offence in relation to a child?		

	Yes	No
i) Have you ever been convicted of any offence involving injury or threat or injury to another person?		
j) Is there any reason why you cannot work in regulated activity with Children as defined in Schedule 2 of the Safeguarding Vulnerable Groups (NI) Order 2007?		

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

Signed: \_\_\_\_\_  
2<sup>nd</sup> Applicant

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

**12. PREMISES**

Name and Address of business headquarters (if applicable):	
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Name and Address of the proposed setting to be registered:

Setting Name:	
Full Postal Address:	
Post Code:	
Telephone No: (including area code)	
Fax No:	
Email Address:	

Setting Information

Will you have sole use of the premises during the periods of operation of the daycare?	Yes		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	Toilets	-		
	Wash basins	-		
List any separate facilities for staff	Toilets	Yes		No
	Staff Room	Yes		No
Is there disability access?	Yes		No	
Is there a disabled toilet facility?	Yes		No	

**13. PROVISION**

Target date of opening:	
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How many children under 12 do you wish to be registered to care for in total:	
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How do you wish to group these children?	Age Range	No of Children (if known)
	0-2 years	
	2-3 years	
	3-5 years	
	5-8 years	
	9-11 years	

Which meals will be/are supplied to children?	Breakfast	
	Lunch	
	Tea	
	Snacks	
	Other	

**Opening Periods**

On what days and times do you intend to provide daycare (please include opening and closing times if known)?	
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Will this be:	All year round	
	School term times only	
	School holidays only	
	Occasional	
	Other	

If other, please specify:	
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## 14. STAFFING

List any proposed staff (if known) including manager, assistants, cook, cleaner, administrative and relief staff.

Name	Post	Qualifications/Experience, year completed

*Please use additional sheet/s if necessary*

**15. 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	
Medical Advisor eg Consultant (if applicable)	
General Medical Practitioner	
Access NI	
Independent Safeguarding Authority	
All Health and Social Care Trust Records at Registration and annually thereafter	
SSAFA	

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

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

Signed: \_\_\_\_\_  
2<sup>nd</sup> Applicant

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



## 16. 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 Childminding and Day Care for Children Under Age 12 – Minimum Standards and Health and Social Care Board Implementation Guidance.

I will inform the Early Years Team of any significant change in my circumstances including in particular any proposed changes to the staffing.

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

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

### 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 day care provider, I give the following undertaking: I will treat the children, their parents/guardians, that I am asked to care for with equal concern and opportunity and, in doing so, I agree to meet their specific needs with regard to their age, religious persuasion, racial origin, cultural and linguistic background as well as gender, sexual orientation, marital/civil partner status or disability.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
2<sup>nd</sup> Applicant

Please return completed form to your local Early Years Team: