



Dear Assistant

The Children (NI) Order 1995 requires the Trust to inspect childminders and day care providers on an annual basis. As Part of this inspection we invite assistants of childminders to make comments on the enclosed form.

Please complete the form and return to Early Years Team, Grove House, Antrim Road, Ballynahinch, BT24 8BA.

The Trust has a legal responsibility to comply with the Freedom of Information Act. Any information you provide to us may be subject to public disclosure under the Act, unless legally exempt. Any personal data, from which you or others can be identified, including name and contact details, will be protected under the terms of the Data Protection Act 1998 and will not be disclosed to other parties without your explicit consent.

You are required to be present at the inspection and will be able to speak to the Inspector at that time. However you are welcome to make contact with the Early Years Team at any time to discuss any issues.

Inspection of Childminders

Questionnaires for Assistants

Name of Assistant:	
Name of Childminder:	
Address of Childminder:	
Inspector's Name:	
Days & Times Employed:	
Qualifications held:	

Training Attended with Dates:

a) Are you aware of the Childminding and Day Care for Children under age 12-Minimum Standards and your role to provide care whilst meeting these standards?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

b) Are you aware of the childminders policies and risk assessments and are all new and updated policies and risk assessments shared with you?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Comment:

c) What further training do you feel would be beneficial to you?
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Comment:

d) Are you aware of your role in relation to Safeguarding and Child Protection?	Yes	
	No	
Comment:		

e) Are you aware of your obligation to “whistle blow” in line with the childminders policy?	Yes	
	No	

f) Are you aware of the role of the Early Years Team and that you can contact Trust Staff at any time?	Yes	
	No	

g) Have you any other comments to make or concerns to express?
Comment:

h) Have you had a period of physical or mental ill-health which impeded your ability to work in the last year?	Yes	
	No	
<i>If yes, please give details.</i>		

i) Are you on any medication that may impact on your ability to work?	Yes	
	No	
<i>If yes, please provide details and you may be required to provide a Declaration of Health.</i>		

j) Have you been involved in a criminal case since the last Inspection? (this includes cautions, convictions or pending cases)	Yes	
	No	
<i>If yes, please give details.</i>		

k) Have you had any involvement with Social Services since the last Inspection?	Yes	
	No	
<i>If yes, please give details.</i>		

Name:	
Signature:	
E-mail Address:	
Date:	

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Early Years Team
 Grove House
 Antrim Road
 Ballynahinch
 BT24 8BA
 Telephone No. 028 4451 3807

* Please feel free to contact the Inspecting Social Worker to discuss any comments or concerns about the child care setting.