

APPLICATION FOR APPROVAL AS A CHILDMINDERS ASSISTANT

The information you supply in this Registration form will be used for the purposes of processing your application and to check that you meet all necessary requirements expected of a person proposing to be approved as a Childminders Assistant. This information will be held securely and will only be shared with other organisations involved in the Registration process and then, only that information which they reasonably require to complete their part of the approval vetting process.

Additional information sharing will be required to allow your application to be assessed, and a list of some of those that are involved in this vetting process, is listed at part 10. Please note, if you do not wish your information to be shared with any of the organisations involved in this process, this may mean we are unable to process your request, which may mean we are unable to complete the approval process.

Application for Approval as a Childminders Assistant

Please complete the form using BLOCK CAPITALS throughout

Please indicate which type of assistant you are applying to be.

Category One – To carry out short, time limited tasks	
Category Two – To work alongside the Registered Childminder on a consistent or substantial basis	

Name of Childminder	
Address of Childminder	

1. PERSONAL DETAILS

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

Please indicate your preferred method of contact

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 including your current/most recent employer. If you are not currently employed working with children, the other referee should be able to comment on your experience with children and known you for two years (if applicable), (Not GP, Health Visitor or a 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. HEALTH VISITOR
Please give the name, address and telephone number of your Health Visitor (if you have a child under age 5)

Name:	
Health Centre:	
Address:	
Phone No:	
Name of Child:	
Child's Date of Birth:	

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? <i>If yes, please give details, including contact details of Authority involved.</i>	Yes		No	

8. 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:				

9. 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
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?		

	Yes	No
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?		
i) Have you ever been convicted of any offence involving injury or threat of 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: _____
Applicant

Date: _____

10. CONSENT

Is there any reason why you cannot work with children/vulnerable adults	Yes		No	
<i>If yes, please provide information</i>				

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 eg Consultant (if applicable)	
General Medical Practitioner	
Access NI Please note that disclosures will be requested. A criminal record or pending cases will not necessarily be a bar to obtaining this position	
Independent Safeguarding Authority	
All Health and Social Care Trust Records at registration and annually thereafter	
SSAFA (Services Welfare)	

Signed: _____
Applicant

Date: _____

I give my consent for my contact information to be shared with:

- Public List
- NICMA – for the purposes of training
- Child Care Partnerships – for the purposes of training
- Family Support NI (Health and Social Care Board)

Signed: _____

Date: _____

11. 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 Childminding and Day Care for Children Under Age 12 – Minimum Standards and Implementation Guidance.

I will inform the Early Years Team of any significant change in my circumstances.

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

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, 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

Please return completed form to your local Early Years Team:

For Limavady, Derry & Strabane areas: Clooney Hall, 36 Clooney Terrace, Londonderry, BT47 6AR

For Omagh area: Community Services Dept, Tyrone & Fermanagh Hospital, 1 Donaghanie Road, Omagh, BT79 0NS

For Fermanagh area: Community Services Dept, 2 Coleshill Road, Enniskillen, BT74 7HG