



APPLICATION FOR REGISTRATION AS A DAY CARE PROVIDER

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 operate as a Registered Day Care Provider. 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 pre-registration vetting process.

Under the provisions of the 'The Children (Northern Ireland) Order 1995' there is a statutory requirement for a Public Register of all Day Care Providers to be maintained and made available for inspection. To meet that requirement, we will supply limited information to the Health and Social Care Board who maintain this Public Register of Day Care Providers. You can view this Public Register at www.familysupportni.gov.uk. If your application is successful and you become a Registered Day Care Provider, your details will remain on this Public Register until such time as you cease to operate as a Registered Day Care Provider.

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 15. 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 Day Care Registration process. You should be aware that to operate as a business as an Unregistered Day Care Provider is an offence and punishable in law.

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)

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

Qualification/Training	Date Completed

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).

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?	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 2nd APPLICANT SECTIONS (A-I)**(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			<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

(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).

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) 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:	

(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

1st 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 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: _____
1st Applicant

Date: _____

DISQUALIFICATION FOR CARING FOR CHILDREN REGULATIONS (NI) 1996

2nd 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 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: _____
2nd 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

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 (if applicable)	
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)	

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

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

Signed: _____
Applicant

Date: _____

Signed: _____
2nd 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: _____
2nd Applicant

Please return completed form to your local Early Years Team: