



# Childminding Enquiry Form

Trust:

Please tick

Childminder:	<input type="checkbox"/>
Assistant:	<input type="checkbox"/>

## SECTION ONE

Name:	<input type="text"/>
Previous names if applicable:	<input type="text"/>
Date of Birth:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Post Code:	<input type="text"/>
Home Tel No:	<input type="text"/>
Mobile Tel No:	<input type="text"/>
Email Address:	<input type="text"/>
Please state preferred method of contact:	<input type="text"/>

## SECTION TWO

Do you have any formal child care qualifications?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

If yes, please give details

<b>Have you previously been a registered childminder?</b>	
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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**Return Addresses:**

**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

**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.**

<b>Signed:</b>		
<b>Print Name:</b>		
<b>Date:</b>		

**FOR TRUSTS ONLY**

Name forwarded for Pre-Registration Briefing Event?	Yes	
	No	

<b>Signature:</b>		
<b>Date:</b>		