

Day Care Enquiry Form

Trust:	
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SECTION ONE

Name:	
Previous names if applicable:	
Date of Birth:	
Address:	
Post Code:	
Home Tel No:	
Mobile Tel No:	
Email Address:	
Please state preferred method of contact:	

Address of Identified Premises:	
Post Code:	

Type of Day Care Facility:	Day Nursery	
	Playgroup	
	Out of School	
	Crèche	
	Programme for 2 year olds	
	Holiday Scheme	
	Other (Please specify)	

Management Type:	Private	
	Community	
	Voluntary Organisation	
	School	
	Council	

Position/Role of Applicant/s:	Owner	
	Owner/Manager	
	Chairperson of Committee	
	Other (please specify)	

SECTION TWO

Do you have any formal child care qualifications?	Yes	
	No	
If yes, please give details		

Have you previously applied to become a Day Care Provider?	Yes	
	No	
If yes, please give details of this application		

On receipt of this form, you will be sent an application form and vetting documentation. Once you return the fully completed form, with planning permission for your premises, your application process will commence.

Signed:		
Print Name:		
Date:		