

Childcare Programmes Checklist for Additional Programme Applications 2016

This form must be completed by services wishing to participate in additional DCYA Childcare Programmes. *The Checklist for Additional Applicants must be completed (with copies of relevant documentation attached) and signed by your local CCC. If all documentation is in order, your service will be set up for the relevant Programme on PIP for electronic contract management.*

TRN: _____ TCAN: _____

1. Please tick the Childcare programme you are currently participating in:

ECCE		CCS		CCSP			
TEC: CETS		TEC: ASCC		TEC: CEC(PS)		TEC: CEC(AS)	

2. Please tick the Childcare programme being applied for:

ECCE		CCSP(private only)		CCS (not for profit & pre snapshot window only)			
TEC: CETS		TEC: ASCC		TEC: CEC(PS)		TEC: CEC(AS)	

	Please tick the appropriate boxes relating to the following statements:	Tick Here
1	My childcare service is registered with the Child and Family Agency (Tusla)- (this excludes Afterschool-only services)	
2	I am notified to Tusla as a childminder	
For ECCE Applicants only		
1	I am attaching copies of the relevant qualifications held by the staff members who will deliver the ECCE Programme from September 2016. (All ECCE Pre-School Leaders must hold a minimum qualification of a full FETAC Level 6 award, with all Assistants holding a minimum of a full FETAC Level 5 award.)	
2 (a)	I declare that I will have a minimum of 8 whole time equivalent children of pre-school age (2½ to 6 years) enrolled in my service in September 2016, enabling me to deliver an appropriate ECCE Programme OR	
2 (b)	I understand that if I do not have a minimum of 8 children of pre-school age (2½ to 6 years) enrolled in my service in September 2016, I will seek an exemption from 2(a) with my local CCC	

On behalf of _____ (name of childcare service), I wish to apply to participate in the Childcare Programme/s as indicted above. I wish to confirm that the details in relation to my current contract are to be used for the purpose of the additional Programme contract(s).

(If you wish to use an alternative bank account for this programme please include a bank mandate form.)

Signature of Primary Authorised User _____ Date: _____

Name in Block Capitals _____

PLEASE COMPLETE THIS FORM AND RETURN IT TO YOUR LOCAL CITY/COUNTY CHILDCARE COMMITTEE

For CCC use only.

I have verified and am satisfied that the Primary Authorised User is the signatory above and is the Primary Authorised User on PIP.

Signed: _____ CCC: _____ Date: _____