

Childcare Programmes Checklist for Additional Programme Applications 2019/20

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, an electronic funding agreement will issue via PIP for the Childcare programme/s.

TRN: _____ TCAN: _____

1. Please tick the childcare programme/s you **currently** offer:

ECCE		CCS Plus	
TEC CETS		TEC ASCC	
TEC CEC (PS)		TEC CEC(AS)	

2. Please tick the **additional** childcare programme/s you wish to apply for:

ECCE		CCS Plus	
TEC CETS		TEC ASCC	
TEC CEC (PS)		TEC CEC(AS)	

	Please tick the appropriate boxes relating to the following statements:	Tick Here	CCCs Tick Here
1	My childcare service is registered with Tusla (including afterschool only services)		
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 2019. All ECCE Pre-School Leaders must hold a minimum qualification of a full QQI (FETAC) Level 6 award, with all Room Assistants holding a minimum of a full QQI (FETAC) Level 5 award		
2 (a)	I declare that I will have a minimum of 8 children enrolled in my service (in each session) in September 2019, enabling me to deliver an appropriate ECCE Programme OR		
2 (b)	I understand that if I do not have a minimum of 8 children enrolled in my service in September 2019, I will seek an exemption from 2(a) with my local CCC		
3	Please state the maximum number of ECCE children your service can cater for (at one time)		

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 return this form 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. **I have reviewed this whole application and confirm that it is completed correctly and that all necessary documentation is included.**

Signed: _____ CCC: _____ Date: _____