

HOME CHILDCARER APPROVAL SCHEME APPLICATION FORM

If you need any help or support, contact the Early Years team in your local Health & Social Services Trust (contact details are included at Section I).

Please take time to complete this form legibly that another person can reasonably read it.

SECTION A – YOUR PERSONAL DETAILS

First Names _____ Title _____

Surname _____ Maiden Name _____

All other or previous names _____
(It is vital to disclose all previous names by which you have been known)

National Insurance No: _____ Date of Birth _____
 Must be 18 years or over

Present Address _____

_____ Postcode: _____

All Previous Addresses (within the last 5 years)

_____ Postcode _____ Postcode _____ Postcode _____

Home Telephone No: _____ Mobile No: _____

Daytime Telephone No: _____

Email address (optional) _____

Have you ever lived elsewhere in the UK or Republic Of Ireland? Yes No
 If yes please provide details overleaf.

Childcare will not be eligible for tax credits support or NICs savings on employer supported childcare vouchers if it is provided by a relative of a child, caring for that child in the child's own home. A relative of the child means a parent, grandparent, aunt, uncle, brother or sister whether by blood, half-blood, marriage or affinity. If you have any questions about this, please contact the Tax Credits Helpline (0845 603 2000)

FOR OFFICIAL USE ONLY

Application Form Complete
 18 years or over
 Relevant Qualification / Induction Course
 First Aid Certificate
 Disqualification to Work with Children Satisfactory

POC Satisfactory
 Trust records satisfactory
 Translator required
 Verification interview
 Approved _____

SECTION B – CHILDCARE AND FIRST AID TRAINING

Details of childcare training and certificates received and other relevant courses undertaken. Please see the attached list for clarification of courses/qualifications that are relevant.

Awarding Body	Course/Qualification	Date	For Official Use only
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of First Aid Training and certificates received and other relevant courses undertaken.

Training Establishment	Course/Qualification	Date	For Official Use only
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant Declaration

I declare that the First Aid course that I have attended was suitable for the care of babies / children and contains as a minimum the following areas:

- dealing with emergencies
- resuscitation
- choking
- shock and anaphylactic shock in babies and children.

Signature: _____

Date: _____

SECTION C

CONSENT TO CRIMINAL RECORDS / PROTECTION OF CHILDREN (POC(NI))

You have applied for approval as a home childcarer. Before approval can be granted, it is our policy to ask for a Criminal Records / Protection of Children (POC (NI)) check to be carried out by the PSNI. This check is to make sure that individuals who might be a risk to children are not approved.

The check will inform us about any criminal record that you may have, or if your name is included on the DHSSPS Disqualification from Working with Children List or included on the Department of Education List (List 99). Any information received will be treated confidentially, and we will talk to you about it before a final decision is reached. After the decision is made the information will be destroyed. (Employment / Nursing Agencies and Employment Businesses will retain this information for 12 months.)

You **must** tell us now if you have ever been convicted of a criminal offence, or cautioned by the police, or bound over. You **must** tell us about **all** offences, even minor ones such as motoring offences, and "spent" convictions, that is, things that happened a long time ago. If you leave anything out it may affect your application.

Please complete the section below. The form asks you to give your written consent to the check. If you do not consent we will not accept your application.

CONSENT TO POC (NI) CHECK

Do you have any prosecutions pending **YES / NO** (if yes, please give details)

Have you ever been convicted at court or cautioned by the police for any offence? **YES/NO**
If yes, please list below details of **all** convictions, cautions, or bind-over orders. Give as much information as you can, including if possible, the offence, the approximate date of the court hearing and the court, which dealt with the matter.

Is there any information about you held on police records relating to domestic violence? **YES/NO**

If yes, please give full details, including dates and details of the police station(s) that dealt with the incident(s). Please continue on a separate sheet, if necessary.

Have you ever been investigated or prosecuted as an alleged abuser or confirmed perpetrator in a child or adult abuse investigation? **YES/NO** Note: this relates only to any alleged abuser.
If yes, please give dates, details of all incidents and the outcome. Please continue on a separate sheet if necessary.

- I understand that a Criminal Records / Protection of Children (POC(NI)) check must be carried out before approval can be confirmed.
- I am aware that spent convictions may be disclosed.
- I understand that any information given to Social Services will be treated in strict confidence.
- I declare that the information I have given is accurate.
- I consent to the check being made.

Print Name: _____

Signature: _____ **Date:** _____

SECTION D

DISQUALIFICATION FOR CARING FOR CHILDREN REGULATIONS (NI) 1996

These Regulations apply equally to persons undertaking private fostering to persons carrying on, or being concerned in the management of, or having a financial interest in, or being employed in a privately run or voluntary children's home and the persons providing day care and/or working as childminders/home childcarers. This means that a person who is disqualified from one of the above activities is also disqualified from the others.

The Regulations specify the various circumstances in which a person is disqualified from one of the above activities. These circumstances are outlined on the attached form and the declaration must be completed by the following persons.

a) Childminders

- the applicant
- the applicant's spouse or partner
- any person aged 10 years or over, living or likely to live on the premises
- any person employed on the premises
- any person helping in the care of the minded children

b) Daycare Providers

- the applicant (unless a corporate person)
- the person in charge
- any person aged 10 years or over, living or likely to live on the premises
- any person employed or helping in the care of the children

c) Home Childcarers

- the applicant

If any of the above persons answers "yes" to any of the questions, the applicant will be disqualified from registration for childminding; the provision of day care; or approved home childcare. In very exceptional circumstances, the Trust has the power to lift the disqualification.

DECLARATION

Please answer all questions

- | | | |
|----|---|----------|
| 1. | Have you ever had a court order made against you removing any child from your care or preventing a child living with you? | YES / NO |
| 2. | Have you ever been involved in the management or running of a children's home, which was refused registration or removed from the register? | YES / NO |
| 3. | Have you ever been refused registration in respect of playgroups, daycare or childminding or had any such registration cancelled? | YES / NO |
| 4. | Have you ever been refused approval as a home childcarer or had any such approval withdrawn? | YES / NO |

- | | | |
|-----|---|----------|
| 5. | Have you ever been prohibited from being a private foster parent? | YES / NO |
| 6. | Have you ever been convicted of an offence in relation to a children's home, the provision of daycare or childminding or private fostering? | YES / NO |
| 7. | Have you ever been convicted of any offence in relation to adoption? | YES / NO |
| 8. | Have you ever been convicted of any offence in relation to a child? | YES / NO |
| 9. | Have you ever been convicted of any offence involving injury or threat of injury to another person? | YES / NO |
| 10. | Have you ever been listed in the DHSSPS' Protection of Children and Vulnerable Adults (NI) register (POCVA) (formerly known as Pre-Employment Consultancy Service (PECS) register)? | YES / NO |

If you have answered "yes" to any of the above questions, please provide details below including names, dates of birth and circumstances.

Signature: _____ **Date:** _____

Print Name: _____

SECTION E – DATA PROTECTION

Under the Data Protection Act 1998 (The Act) we are required to provide you with certain information and to seek your consent to the processing of personal data supplied by you on this form.

For the purposes of the Act the data controller in respect of personal data relating to you is your local HSS Trust. The purposes, for which personal data supplied by you on this form are intended to be processed, are as follows:

- To assess your skills, suitability and eligibility for Home Childcare Approval Scheme
- For the purposes of evaluation of this scheme and research
- For other purposes as determined by government, regulatory bodies and/or legislation

We may retain certain personal data supplied by you on this form after you have ceased to be an Approved Home Childcarer, in order to comply with current legislation and statutory requirements.

Please sign this declaration to indicate your consent to the processing by the HSS Trust of the data supplied by you on this form.

Applicant Declaration

I consent to the HSS Trust processing all or any personal data supplied by me on this form and to the disclosure and transfer of such personal data, for the purposes described above.

Signature: _____ **Date:** _____

SECTION F – TRUST RECORD CHECKS

I give consent for Trust record checks to be completed, which contains any information relating to contact I may have had with any of the Trust’s services.

Signature:_____

Date:_____

SECTION G – NON-DISCRIMINATION DECLARATION

In accordance with HSS Trusts Non-Discriminatory Policy you are requested to sign the following.

I am fully committed to my local Trust's Policy on caring for the children in a pluralist community and to enable my approval as a home childcarer, I give the following undertaking and hereby declare:

I will treat the children I am employed to care for, with equal concern and, in doing so, I agree to meet their specific needs with regard to their religious persuasion, racial origin, cultural and linguistic background as well as sex or disability.

Signature: _____ **Date:** _____

SECTION H - VERIFICATION INTERVIEW

You will be invited to a verification interview with the Trust to verify:

- Childcare Training certificates
- First Aid Training certificate
- Proof of identity produced, including photographic identity.

The Trust will write to you to confirm a date for the interview and will provide more details of what you need to bring.

Do you require a translator to be present at the verification interview? **YES/NO** (If yes, please give details)

SECTION I - APPLICANT DECLARATION (FINAL & COMPLETE)

I declare that all the information given is true and I understand that any false or misleading information may result in my application for approval being rejected.

Signature: _____

Date: _____

Applicants must be 18 years or over.

Please return to:

Local HSS Trust Stamp

Thank you

On Behalf of Early Years Team

FOR OFFICIAL USE ONLY: _____

Date Application (HCC1) Received: _____

Application recorded on system/file: Date: _____

ID No: _____

FORM COMPLETION CHECK:

Section A Complete YES NO

If NO, what details required? _____

Section B Complete YES NO

If NO, what details required? _____

Section C Complete YES NO

If NO, what details required? _____

Section D Complete YES NO

If NO, what details required? _____

Section E Complete YES NO

If NO, what details required? _____

Section F Complete YES NO

If NO, what details required? _____

Section G Complete YES NO

If NO, what details required? _____

HCC2B issued for incomplete application form: Yes No **Date:** _____

Date Completed HCC1 returned (if applicable) _____

Date HCC2A issued: _____ **Date/time of Appointment:** _____

FOR OFFICIAL USE ONLY:

INTERVIEW STAGE:

Attended interview: Yes No

TICK CURRENT PHOTOGRAPHIC ID SUPPLIED:

- Valid passport (any nationality)
- UK driving licence
- Voters ID card
- Valid photo identity card (EU countries only)

TICK ORIGINAL CERTIFICATES PRODUCED AND COPIES TAKEN:

- Original UK birth certificate (issued within 12 months of DOB) – full or short acceptable
 - Marriage certificate(s)
 - Divorce certificate(s) (if appropriate) – put N/A if not applicable
 - Qualification certificate(s) as specified in the list of approved courses
 - Proof of attendance at basic induction course as specified in the list of approved courses
 - First aid certificate as specified as suitable for children
- Date first aid certificate issued: _____

CRIMINAL RECORD / POC CHECK

- Criminal Records / POC requested Date: _____
 - Criminal Records / POC returned Date: _____
- Record of applicant YES NO
- If YES, see POC (NI) * for details

TRUST RECORD CHECKS

- Trust checks completed Date: _____

Applicant included on Trust system YES NO

If YES, include details: _____
