

**North Tipperary County Childcare Committee
Childminder Development Grant**

Application Form

Section I Applicant Details

Name of Applicant

Address of Applicant (please provide the address where the childminding takes place)

Telephone (land line)

Mobile Telephone

Fax

E-mail

Insurance policy number (relevant to the childminding service)

Contact details for all correspondence in connection with this application (if different than above)

Section II Previous Experience

Please outline your childcare experience (to-date) relevant to this application (please use additional pages if necessary)	
Please specify any training you have undertaken related to your role as a childminder (please use additional pages if necessary)	

Section III The Funding Request

	ITEM	COST (€)
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necessary)		
What is the total cost of your Childminding Initiative project (i.e. 100% of the project cost)		
How much is requested from the Childminding Initiative (i.e. 90% of total project cost up to a maximum of €630)		
Section IV Details of the Childminding Service		
Are you required to notify the Health Board of your Childminding service?		
Have you voluntarily notified the Health Board of your Childminding service?		
If yes, in what year did you first notify?		
* Current (if applicable)		* Target – as a result of this grant aid...
Number of childcare places you can provide per day (when full)	F/T P/T	Number of places you will provide per day in future (when full) F/T P/T
What is the age range of the children currently catered for		What age range will you cater for in the future
What are your current operating hours (e.g. 8 a.m. – 5 p.m.)		What will be your operating hours in the future
How many weeks per year do you currently operate your service		How many weeks per year will you operate in the future
How many days per week do you currently operate your service		How many days per week will you operate in the future
* See “explanatory note for filling in service impact figures” attached.		

Section V

Declaration

I, _____ (INSERT SIGNATURE), apply to the North Tipperary County

Childcare Committee for a grant of _____ (INSERT AMOUNT) towards the proposal described in this application and declare that all the information provided is true and complete to the best of my knowledge and belief.

I acknowledge that any funds awarded must be used for the purpose stated and that, if my application is successful, I will operate as a Childminder for a minimum of two years from the date of receipt of the grant aid.

I agree to send full details of the expenditure including original itemised receipts to the North Tipperary County Childcare Committee in support of my payment claim.

I understand that I may receive a check visit from the North Tipperary County Childcare Committee or from ADM Ltd., that I will receive advance notice of such a visit and I agree to provide reasonable assistance during such a visit.

I consent to notification status being verified by the Mid-Western Health Board

I confirm that I have not received any other funding from the Equal Opportunities Childcare

Programme 2000-2006 (please sign
.....)

Name (BLOCK CAPITALS)

Signature

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Completed application forms should be sent to North Tipperary County Childcare Committee, Friar Court, Nenagh, Co. Tipperary Tel. 067 44857 Fax 067 31478 **Closing date for applications is 5 p.m. Friday 30th April 2004** Funded by the Irish Government and part-financed by the European Union Structural Funds under the National



Development Plan 2000-2006



Explanatory Note for Filling in Service Impact Figures Please read this carefully before completing your current and future/target figures This table on your application form is to gather information on (a) your service as it is currently operated (if applicable), and (b) your service as it will operate if you are approved an EOCP Childminders Development Grant by your City/County Childcare Committee. Current "Current" information refers to what your service is providing as at the present time (i.e. at the time of completing this grant application). Target The "target" figures are those that the applicant is committing to providing with the assistance of the EOCP grant (if approved). Careful consideration should be given to these "targets" to ensure that while they are ambitious and challenging they are also

achievable and realistic. **Full time places** *A full-time childcare place is a place available continuously for any length of time over 3 hours 30 minutes.* In other words, a service available for 3 hours 30 minutes is part-time, and a service available for a continuous period of 3 hours 40 minutes is full-time. Please note that if a service is available to children in the morning and again in the afternoon, on each occasion for 3 hours (e.g. 9am-12pm and 1pm-4pm) the places are NOT considered full time. For a place to be considered full time, a child must be able to attend for longer than 3.5 hours continuously. **Part time places** *A part-time place is a place available continuously for up to and including 3 hours 30 minutes - i.e. 2 hours is part-time, 3 hours 30 minutes is part time, 3 hours 45 minutes is full-time.* **Number of Childcare Places You Can Provide per Day (when full)** This refers to the full capacity of the service, i.e. the maximum number of places that could be catered for on a single day (irrespective of whether this number has actually been reached). The maximum capacity must take into account space requirements, etc. If a service can offer, for example, 2 full time places **OR** 4 part time places, please do **NOT** enter both as this will be read as 2 full time **AND** 4 part time places. **Operating hours** The operating hours are the hours each day that the facility is open for service. If a service is open for the same hours each day, it is only necessary to give details of the hours. If a service has different hours each day, give the days and the hours. Operating hours should be recorded as follows: e.g. 8am-5pm, 9am-6pm, etc. If your service closes for any period during the day (e.g. lunchtime), this must be reflected in the operating hours entered on the application form (e.g. 9am-1pm; 2pm-6pm). **Age range catered for** The age range is the age in years and months from the youngest to the oldest age, that the service can (and intends to) cater for. In order to report an age range on the application form, the service does not have to have children of this entire age range attending at present, but must be willing and able to accommodate children within this entire age range. Age ranges should be recorded as follows: e.g. 2.5yrs – 5yrs; 3mths – 6yrs; etc. **Weeks per year** The number of weeks (out of 52) during which the service is open. **Days per week** The number of days within a 7-day period on which a service is offered.