**Department of Children, Equality, Disability, Integration and Youth**

**CHILDMINDER DEVELOPMENT GRANT**

**Application Form**

[Graphical user interface, text

Description automatically generated](https://www.gov.ie/en/campaigns/df207-national-action-plan-for-childminding-2021-2028/?referrer=http://www.gov.ie/childminding/)

**June 2021**

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| --- |
| Dept. Children, Equality, Disability, Integration, Youth_Standard |

**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 |  |
| E-mail |  |
| Insurance policy number (relevant to the childminding service) |  |
| Have you completed the Tusla Children First E-Learning Programme? |  |
| 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 specify any training you have undertaken related to your role as a childminder |  |

**Section III Funding Request**

|  |  |  |
| --- | --- | --- |
| State exactly what this funding request is for – as appropriate, provide detailed list of items to be purchased  (Please refer to the guidelines to view what the grant can and cannot be used for.)  (Add additional page, if necessary) | **ITEM** | **COST (€)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 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 €1,000) | |  |

**Section IV Previous Funding Amount**

|  |  |  |  |
| --- | --- | --- | --- |
| Have you previously been a recipient of a grant in 2020 for your Childminding Service?  *If yes, please provide the value of the grant (€)* | 2020 | |  |
| € |  | |

**Section V Bank Account Details**

|  |  |
| --- | --- |
| Account Name: |  |
| Payee Address: |  |
| IBAN: |  |
| Sort Code: |  |
| Account number: |  |
| BIC: |  |
| Bank Name: |  |
| Bank Address: |  |

**Section VI Details of the Childminding Service**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you required to register your Childminding service with Tusla? | | | | | |  | | |
| If yes, in what year did you first register? | | | | | |  | | |
| Have you voluntarily notified with your local City/County Childcare Committee?  If yes, please provide date of voluntary notification. | | | | | |  | | |
| Are you known to your local City/County Childcare Committee? | | | | | |  | | |
| \* Current (if applicable) | | | | \* Target – as a result of this grant aid | | | | | |
| Number of childcare places you can provide per day (when full) | Sess[[1]](#footnote-1) | P/T[[2]](#footnote-2) | F/T[[3]](#footnote-3) | Number of places you will provide per day in future (when full) | Sess | | P/T | F/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.

**GDPR**

All records and data will be processed in compliance with GDPR. Please see Department of Children, Equality, Disability, Integration and Youth Privacy Notice for further information.

**Section VII Declaration**

|  |  |
| --- | --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (INSERT SIGNATURE),  apply to the Meath 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 Meath County Childcare Committee in support of my payment claim.  I understand that I may receive a check visit from a Childcare Committee or from Pobal and that I will receive notice of such a visit and I agree to provide reasonable assistance during such a visit. | |
| Name (BLOCK CAPITALS) |  |
| Signature |  |
| Date |  |

Completed application forms should be **emailed** to **Meath County Childcare Committee** at [informationofficer@mccc.ie](mailto:informationofficer@mccc.ie) **by close of business 16 July 2021**. No applications will be accepted after 16 July 2021.

**Childcare Committee Confirmation of Childminder Details**

(Please note: Your local CCC is required to complete the details below)

Name of Childminder:

*Please check (x) if the childminder is known to your CCC*

|  |  |
| --- | --- |
| The childminder is known to your CCC. |  |

Signed:

Name:

Childcare Committee:

Date:

**Note: Please submit this template with the application form.**

**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 a Childminder 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 NCIP 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.

**The number of places available & the number of children attending is broken down into 3 categories:**

**Sessional** - A place should be counted as sessional if it is available for up to 3.5 hours continuously.

**Part-time** - A place should be counted as part-time if it is available for more than 3.5 hours and up to (and including) 5 hours *continuously*.

**Full day** - A place should be counted as full-day care/full-time if it is (a) available *continuously* for more than 5 hours per day, and (b) is in a facility that is registered with Tusla as providing full day care. Full day places can only be available to pre-school aged children.

**Number of Childcare places available per day**

This is the maximum number of places that could be provided on a single day (irrespective of whether the facility actually has this number attending at present). The maximum capacity must take into account the space and ratio requirements as specified by the Preschool Regulations and School Age Regulations, and any related conditions laid down in the Planning Permission (if granted) for the facility.

**Operating hours per day**

This is the range of hours that your facility is open to children per day. Please note the times of each individual session, under the relevant category heading.

**Number of days per week**

The number of days open per week is the number of days a facility is open for operation within a 7-day period, please complete in both current (if applicable) and target columns.

**Number of weeks per year**

The number of weeks open per year is the number of weeks a facility is open for operation within a 52-week period, please complete in both current (if applicable) and target columns.

**Age Range Catered For**

The age range of children for which the facility can cater, given in years and months (if applicable) e.g. 2 years – 5 years or 3 months – 15 years.

**CHILDMINDER DEVELOPMENT GRANT APPLICATION**

**CHECKLIST**

|  |  |
| --- | --- |
| **Please tick when completed** | ✓ |
| Complete CMDG application form |  |
| Submit evidence of appropriate childminding insurance policy (must show valid insurance period) |  |
| Submit a copy of your Tusla E Learning Programme Certificate |  |
| Sign the Declaration on Section VII |  |
| Contact your local CCC to complete the Confirmation of Childminder details |  |
| Submit your application and support documents by email to Meath CCC at [informationofficer@mccc.ie](mailto:informationofficer@mccc.ie) by 16 July 2021. |  |

1. Sess – Sessional place [↑](#footnote-ref-1)
2. P/T – Part-Time place [↑](#footnote-ref-2)
3. F/T – Full-Time place [↑](#footnote-ref-3)