

Child and Family Agency Sponsor Referral to the National Childcare Scheme

Sponsor Body Reference No¹:
Sponsor Body Details:
Designated contact ² name:
Email:
Signature:
Child details:
Child's Full Name:
Child's Address:
Child's Date of birth: dd/mm/yyy
Child's PPSN:
Child's current educational stage: Please indicate
Pre-ECCE ECCE Early Start Primary School Class
Child's next educational stage within the next year: Please indicate
ECCE/ECCE eligible Early Start Primary School Secondary school
What date will the child begin this attendance:
Parent/guardian details:
Parent's Full Name:
Parent's Address:
Parent's date of birth:
Parent's PPSN:
Referral details: Amount of childcare needed

¹ This is the Sponsor Body's own reference number that will be used for communication between the scheme administrator and the designated contact in regards to the specific child being referred.

 $^{^{\}rm 2}$ This is the Sponsor Body's administrative contact person for dealings with the scheme administrator.

Maximum hours per week³:	
Number of weeks of childcare (if greater than 52 weeks ⁴):	
Childcare Service Provider (if nominated by the CFA)	
Childcare Service Provider name:	
Address:	
Referral Officer Statement	
I confirm that this referral meets the criteria for referral under section 2018, i.e. one of the following categories applies:	14 of the Childcare Support Act
 Children who are aged from birth to 17 years, and who are protection as part of the provision of childcare and family Who are deemed by the CFA to require childcare servi welfare Children whose families are receiving support under Meitl Children known to the child protection system (level 2 or least or level 2 or least or level 2 or least or level 2 or least or least or level 2 or least or least or level 2 or least or level 2 or least or level 2 or least or least or level 2 or least or	support services by the CFA ces in order to promote their neal
Children in care.	ever 3)
The parent has been informed that they will not be charged any fee in which are the subject of financial support by the Minister under the Spatch the parent has been informed of the joint controller arrangement bet and where it can be accessed on CFA's website.	oonsor Referral Agreement and
Referral officer name (in block capitals):	
Address:	
Contact phone number:	
Email address:	
Signature:	
Date:	OFFICIAL STAMP

³ Hours are inclusive of the hours of ECCE, Early Start, Primary School or Secondary school hours during term time. Non term time hours are a maximum of 45 hours per week.

⁴ Maximum number of weeks for which financial support will be payable based on the referral is 60 weeks