

Declaration Form for Renewal of Registration of School Age Service (other than a Childminding Service)

Child Care Act 1991 (Early Years Services) (Registration of School Age Services)

(Amendment) Regulations 2022

*This form is for use by a registered provider who wishes to renew the registration of a school age service (other than a childminding service) This form may **not** be used by applicants making a first-time application for registration.*

Declaration

I declare that I am the registered provider of a school age service which is entered on the register of school age services as provided for in Section 58C of the Act.

I declare that I have previously supplied, at registration or renewal of registration, all supporting documentation or evidence required to fulfil the requirements of the registration process as set out in Schedule 2.

I declare that (please tick either (a) or (b)):

(a) I have made no material alterations to my registered service which would require a change in the details in relation to the service contained in the register since last registration or last renewal of registration and that the details relating to my service as contained in the register are correct, or

(b) all changes made to my registered service since last registration or last renewal of registration have been notified to Tusla in accordance with Regulation 7 along with relevant supporting documentation and that such changes have been duly approved by Tusla.

I acknowledge that Tusla may carry out any and all checks required in order to verify the information provided in this application form when assessing my suitability to renew registration of my school age service. I acknowledge that Tusla may also assess any information previously provided by me in relation to the school age service or any information or documents held by the Agency in relation to the school age service including information or documents obtained during inspection.

I declare that all of the information that I have provided to Tusla in respect of my application is true and correct to the best of my knowledge and belief.

A. The name below is that of the registered provider/s.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

B. Where Registered Provider has authorised another party to make declaration:

Status of Signatory: _____

(for example, Individual, director, chairperson)

Name: _____ Signature: _____ Date: _____