EYI-FE07.1

V6.0

14/07/2025

**Proposed Change in Circumstance Application Form**

**Preschool Services**

Please complete the relevant section for the change you wish to apply for and **ensure you sign the mandatory declaration** at the end of the form. Incomplete applications cannot be processed and will be returned to the sender.

**Garda Vetting**

From 1st February 2025, Tusla has taken over the Garda Vetting Application Service for registered providers, and for any board of management members who have contact with or access to children in the course of their duties.

If Garda vetting is required as part of your application, please refer to the following link for detailed information on how to apply: <https://www.tusla.ie/early-years-inspectorate/garda-vetting-applications/>.

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| **Service details** |

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| **Registered service name:** | Click or tap here to enter text. |
| **Tusla reference number:** | **TU** Click or tap here to enter text. |
| **Address of service (including Eircode):** | Address line 1: Click or tap here to enter text.  Address line 2: Click or tap here to enter text.  Address line 3: Click or tap here to enter text.  Address line 4: Click or tap here to enter text.  Eircode: Click or tap here to enter text. |

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| **Change of Circumstance requests** |

**Please select the relevant change in circumstances (select all that apply):**

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| 1. **Change of service name** |  |
| 1. **Change in service address** |  |
| 1. **Change in registered provider** |  |
| 1. **Change in legal name of company** |  |
| 1. **Change of person in charge** |  |
| 1. **Change in number of children that can be accommodated** |  |
| 1. **Change in age profile of children** |  |
| 1. **Change in service type** |  |
| 1. **Addition of a session (sessional service only)** |  |
| 1. **Change in hours of operation** |  |
| 1. **Change in phone number of the service** |  |
| 1. **Change in mobile number of the service** |  |
| 1. **Change in mobile number of registered provider** |  |
| 1. **Change of email address** |  |
| 1. **Cessation of service** |  |
| 1. **Change of service name** | | |

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| **Date of proposed change:** | Click or tap her to enter date. | |
| **Current service name:** | Click or tap here to enter text. | |
| **Proposed service name:** | Click or tap here to enter text. | |
| **Have you changed the legal name of the service with the Companies Registration Office (CRO)? If yes, please complete change in legal name (section 4).** | Yes | No |

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| 1. **Change of service address** |

Change in service address requires **mandatory** documentary evidence (see checklist below):

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| **Date of proposed change:** | Click or tap here to enter date. | |
| **Proposed new address (including Eircode):** | Address line 1: Click or tap here to enter text.  Address line 2: Click or tap here to enter text.  Address line 3: Click or tap here to enter text.  Address line 4: Click or tap here to enter text.  Eircode: Click or tap here to enter text. | |
| **This change will require a fit for purpose inspection, is the premises ready for inspection?** | Yes | No |
| **If no, enter date when you will be ready for inspection:** | Click or tap here to enter date. | |

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| **Mandatory documents** | **Checklist** |
| Internal floor plans (including measurements) |  |
| Outdoor area plan on the premises |  |
| Planning permission and conditions |  |
| Fire safety certificate and conditions |  |
| Compliance on completion certificate |  |
| Updated insurance certificate stating new address |  |

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| 1. **Change in registered provider** |

Change in registered provider requires **mandatory** documentary evidence (see checklist below):

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| **Date of proposed change:** | Click or tap here to enter date. | |
| **Name of current registered provider(s):** | Click or tap here to enter text.  Click or tap here to enter text. | |
| **Name of proposed new registered provider(s):** | Click or tap here to enter text.  Click or tap here to enter text. | |
| **Current registered provider(s) mobile number:** | Click or tap here to enter text.  Click or tap here to enter text. | |
| **New registered provider(s) mobile number:** | Click or tap here to enter text.  Click or tap here to enter text. | |
| **Will the proposed new registered provider work directly with the children?** | Yes | No |
| **Is there sale/transfer of the service?** | Yes | No |
| **Is there a board of directors?** | Yes | No |
| **Has there been a change to the current board of directors?** | Yes | No |
| **If yes, please provide the names of new members of board of directors:** | Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | |

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| **Mandatory documents (complete section A or B)** | **Checklist** | |
| **A. Change of registered provider – privately run service** |  | |
| Photo ID |  | |
| Two written references |  | |
| Copy of childcare qualifications if working directly with children in the service | Applicable | Not applicable |
| Garda vetting within 36 months or an email from the National Vetting Bureau confirming your vetting has been **completed** |  | |
| Police vetting (if you have lived outside of the island of Ireland for more than 6 months since age of 18 years) | Applicable | Not applicable |
| Board of directors, garda vetting and police vetting (if applicable) for any member who has contact with or access to children within the setting as part of their role and function | Applicable | Not applicable |
| Transfer of insurance to new proposed registered provider(s) |  | |
| Final contract of sale/undertaking or letter from solicitor confirming no sale of the service – must be signed by current registered provider(s) and new registered provider(s) |  | |
| CRO transfer of business name to new proposed registered provider(s) or CRO number |  | |
| **B. Change of registered provider – community run**  **service** | **Checklist** | |
| Photo ID |  | |
| Two written references |  | |
| Copy of qualifications if working directly with children | Applicable | Not applicable |
| Garda vetting within 36 months or an email from the National Vetting Bureau confirming your vetting has been **completed** (including the application reference ID) |  | |
| Police vetting (if you have lived outside of the island of Ireland for more than 6 months since age of 18 years) | Applicable | Not applicable |
| Board of directors, Garda vetting (dated within the last 36 months) and police vetting (if applicable) for any new member who has contact with or access to children within the setting as part of their role and function | Applicable | Not applicable |
| Declaration letter is required confirming no sale of the service has occurred. This letter must be signed by the current registered provider(s), the proposed new registered provider(s) and secretary of board | |  | |

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| 1. **Change in legal name of company** |

Change in legal company name requires **mandatory** documentary evidence (see checklist below):

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| **Date of proposed change:** | Click or tap here to enter date. | |
| **Current legal name of company:** | Click or tap here to enter text. | |
| **Proposed legal name of company:** | Click or tap here to enter text. | |
| **Will there be a change to the board of directors?** | Yes | No |

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| **Mandatory documents** | **Checklist** | |
| CRO certificate or CRO number |  | |
| **Where board of directors have also changed, the following is mandatory:** | | |
| Two written references for new board members | Applicable | Not applicable |
| Board of directors, Garda vetting (dated within the last 36 months) and police vetting (if applicable) for any new member who has contact with or access to children within the setting as part of their role and function | Applicable | Not applicable |

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| 1. **Change of person in charge** |

Change of person in charge requires **mandatory** documentary evidence (see checklist below):

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| **Date of proposed change:** | Click or tap here to enter date. | | |
| **Name of current person in charge:** | Click or tap here to enter text. | | |
| **Name of proposed person in Charge:** | Click or tap here to enter text. | | |
| **Please select the correct status of the proposed person in charge:** | Currently working for employer? | |  |
| New to employer/service? | |  |
| **Will person in charge work directly with children in the service?** | Yes | No | |

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| **Mandatory documents** | **Checklist** | |
| **Where proposed person in charge is new to the service, the following is mandatory:** | | |
| Photo ID |  | |
| Garda vetting |  | |
| Police vetting (if lived outside island of Ireland for more than 6 months since age of 18 years) |  | |
| Copy of childcare qualifications if working directly with children | Applicable | Not applicable |
| **Where proposed person in charge currently works in the service, the following is mandatory:** | | |
| Garda vetting dated within last 36 months |  | |

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| 1. **Change in number of children that can be accommodated** |

Change in number of children that can be accommodated requires **mandatory** documentary evidence (see checklist below):

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| **Date of proposed change:** | Click or tap here to enter date. | | | | |
| **Current number of children that can be accommodated:** | Click or tap here to enter text. | | | | |
| **Proposed number of children that can be accommodated:** | Click or tap here to enter text. | | | | |
| **Will you require additional staff?** | Yes | | | No | |
| **Current number of staff:** | Click or tap here to enter text. | | | | |
| **Proposed number of staff:** | Click or tap here to enter text. | | | | |
| **Will there be any material alterations to the current premises (e.g., addition of rooms, extension, use of demountable buildings, alteration to internal layout of premises)?** | Yes | | | No | |
| **If yes, please state the material alteration:** | Click or tap here to enter text. | | | | |
| **Please state the number of toilets, wash-hand basins and nappy changing units available to children and staff in the service:** |  | **Toilets** | **Wash-hand basins** | | **Nappy changing units** |
| **Children** | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |
| **Staff** | Click or tap here to enter text. | Click or tap here to enter text. | |  |
| **This change may require a fit for purpose inspection, is the premises ready for inspection if required?** | Yes | | | No | |
| **If no, enter date when you will be ready for inspection:** | Click or tap here to enter date. | | | | |

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| **Mandatory documents** | **Checklist** |
| Internal floor plans (including measurements) |  |
| Breakdown of the service type, age profile and number of children for the rooms proposed to accommodate the additional children |  |
| Planning permission and conditions |  |
| Fire safety certificate and conditions |  |
| Updated insurance certificate |  |
| **Where new building or material alterations, the following is also mandatory:** | |
| Compliance on completion certificate |  |

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| 1. **Change in age profile of children** |

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| **Date of proposed change:** | Click or tap here to enter date. | |
| **Current age profile of children attending:** | Click or tap here to enter text. | |
| **Proposed age profile of children attending:** | Click or tap here to enter text. | |
| **Is separate sleep room required?** | Yes | No |
| **Will you require additional staff?** | Yes | No |
| **Current number of staff:** | Click or tap here to enter text. | |
| **Proposed number of staff:** | Click or tap here to enter text. | |
| **This change may require a fit for purpose inspection, is the premises ready for inspection if required?** | Yes | No |
| **If no, enter date when you will be ready for inspection:** | Click or tap here to enter date. | |

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| **Mandatory documents (where the proposed change is to care for children under 2 years)** | **Checklist** |
| Internal floor plans (including measurements) |  |
| Breakdown of rooms by service type, age profile and number of children |  |
| Planning permission and conditions |  |
| Fire safety certificate and conditions |  |
| Photographic evidence of sleep provision |  |

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| 1. **Change in service type** |

Change in service type requires **mandatory** documentary evidence (see checklist below):

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| **Date of proposed change:** | Click or tap here to enter date. | | | |
| **Please tick each service type you currently operate:** | Full day |  | Sessional |  |
| Part time |  | Outdoor service |  |
| Drop in |  |
| **Please tick each service type you propose to operate:** | Full day |  | Sessional |  |
| Part time |  | Outdoor service |  |
| Drop in |  |
| **If changing from sessional to either full-day care or part-time, will you require additional staff:** | Yes | | No | |
| **Current number of staff:** | Click or tap here to enter text. | | | |
| **Proposed number of staff:** | Click or tap here to enter text. | | | |
| **Please tick the box to confirm you have read and understood the requirements of the Quality & Regulatory Framework (QRF) and agree to adhere to them.**  **You will find the details below:**  [Tusla Early Years Quality & Regulatory Framework](https://www.tusla.ie/services/preschool-services/early-years-providers/early-years-provider-resources/early-years-quality-and-regulatory-framework/) | I confirm I will adhere to the requirements of the QRF | | | |
| **Will there be any material alterations to the current premises (e.g., addition of rooms, extension, use of demountable buildings, alteration to internal layout of premises)?** | Yes | | No | |
| **If yes, please state the material alteration:** | Click or tap here to enter text. | | | |
| **Please state the number of toilets, wash-hand basins and nappy changing units available to children and staff in the service** |  | **Toilets** | **Wash-hand basins** | **Nappy changing units** |
| **Children** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Staff** | Click or tap here to enter text. | Click or tap here to enter text. |  |
| **This change may require a fit for purpose inspection, is the premises ready for inspection if required?** | Yes | | No | |
| **If no, enter date when you will be ready for inspection:** | Click or tap here to enter date. | | | |

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| **Mandatory documents** | **Checklist** |
| Internal floor plans (including measurements) |  |
| Breakdown of rooms by service type, age profile and number of children |  |
| Planning permission and conditions |  |
| Fire safety certificate and conditions |  |
| Updated insurance certificate |  |
| Photographic evidence of sleep facilities (for part-time/full time care) |  |
| **Where new building or material alterations, the following is also mandatory:** | |
| Compliance on completion certificate |  |

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| 1. **Addition of a session (sessional service only)** |

Addition of a session (sessional service only) requires **mandatory** documentary evidence (see checklist below):

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| **Date of proposed change:** | Click or tap here to enter date. | |
| **Location of proposed additional session:** | Existing sessional room |  |
| Additional sessional room |  |
| **Proposed number of children to be accommodated in additional session:** | Click or tap here to enter text. | |
| **Proposed hours of operation for additional session:** | Click or tap here to enter text.enter | |

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| **Mandatory documents** | **Checklist** | |
| Planning permission and conditions |  | |
| Fire safety certificate with conditions |  | |
| Updated insurance certificate |  | |
| **Where an additional sessional room is to be used, the following is also mandatory:** | | |
| Internal floor plans (including measurements) |  | |
| 1. **Change of hours of operation** | |

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| **Date of proposed change:** | Click or tap here to enter date. | |
| **Current hours of operation:** | AM: Click or tap here to enter text. | PM: Click or tap here to enter text. |
| **Proposed hours of operation:** | AM: Click or tap here to enter text. | PM: Click or tap here to enter text. |
| **Change in number of operational weeks per year to include non-term weeks if applicable:** | From: Click or tap here to enter text. | To: Click or tap here to enter text. |

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| **Mandatory documents** | **Checklist** |
| Insurance (confirmation from insurance company of cover for additional weeks – non term time) |  |

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| **11. Change in phone number of service** |

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| **Date of proposed change:** | Click or tap here to enter date. |
| **Current phone number of service:** | Click or tap here to enter text. |
| **New phone number of service:** | Click or tap here to enter text. |

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| **12. Change in mobile number of service** |

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| **Date of proposed change:** | Click or tap here to enter date. |
| **Current mobile number of service:** | Click or tap here to enter text.**enter text** |
| **New mobile number of service:** | Click or tap here to enter text. |

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| **13. Change in mobile number of registered provider** |

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| **Date of proposed change:** | Click or tap here to enter date. |
| **Current mobile number of registered provider(s):** | Click or tap here to enter text.  Click or tap here to enter text. |
| **New mobile number of registered provider(s):** | Click or tap here to enter text.  Click or tap here to enter text. |

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| **14. Change in email address** |

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| **Date of proposed change:** | Click or tap here to enter date. |
| **Current email address:** | Click or tap here to enter text. |
| **New email address** | Click or tap here to enter text. enter text |

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| **15. Cessation of service** |

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| In accordance with The Child Care Act 1991 (Early Years Services) Regulations, Part II Regulation 8 (5): ‘*A Registered Provider of a preschool service is required to notify the Agency in writing of the cessation of service* ***not later than 28 days*** *after the cessation of the service give notice in writing to the Agency of the cessation.’* | | | |
| **Type of closure:** | **Temporary closure:** |  | |
| **Permanent closure:** |  | |
| **Date of closure:** | Click or tap here to enter date. | | |
| **Intended date of re-opening (if temporary closure):** | Click or tap here to enter date. | | |
| **Reason for closure:** | Insufficient numbers of children | |  |
| Insufficient staff | |  |
| Retirement | |  |
| Financial reasons | |  |
| Personal reasons | |  |
| Premises no longer available | |  |
| Other | |  |
| Any additional information you may wish to share? | Click or tap here to enter text. | | |

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| **Declaration** |

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| I declare that all the information given on this notification form is true to the best of my knowledge and belief. I understand that the changes requested are not authorised until confirmed so by the Child and Family Agency and should not be implemented until then. I understand that the Agency may commence enforcement actions following identification of unauthorised changes to early years settings. | |
| **Registered provider(s) name:** | Click or tap here to enter text. enter  Click or tap here to enter text. |
| **Registered provider(s) signature**:  *Must be handwritten or digital signature (typed signatures will not be accepted)* |  |
| **Date:** | Click or tap here to enter date. |

**Please ensure the application form is signed by the registered provider(s) and all mandatory documentation is submitted for this application to be assessed.**

**Incomplete applications cannot be processed and will be returned to the sender.**