EYI-FE07.2

V5.0

14/07/2025

**Proposed Change in Circumstance Application Form**

**School Age 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.**SA** |
| **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 hours of operations** | ☐ |
| 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** |  |

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| 1. **Change of service name** | | | |
| **Date of proposed change:** | Click or tap here 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.** | 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. | |
| **Is there an Early Years service already operating at this proposed new address?** | Yes | No |

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| **Mandatory documents** | **Checklist** |
| Insurance certificate |  |
| Safety statement for new premises |  |

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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. | |
| **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 |  | | |
| 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 lived and worked outside of the island of Ireland for more than 6 months since age of 18) | 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 or CRO number |  | | |
| **B. Change of registered provider – community run**  **service** | **Checklist** | | |
| Photo ID |  | | |
| Two Written References |  | | |
| Garda vetting within 36 months or an email from the National Vetting Bureau confirming your vetting has been **completed** |  | | |
| Police vetting (if lived and worked outside of the island of Ireland for more than 6 months since age of 18) | 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 also 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 require **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 new person in charge:** | Currently working for employer? |  |
| New to employer/service? |  |

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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 and worked outside of the island of Ireland for more than 6 months since age of 18) |  |
| **Where proposed person in charge currently works in the service, the following is mandatory:** | |
| Garda vetting (dated within the 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. or tap to | |
| **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. | |

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| **Mandatory documents** | **Checklist** |
| Updated insurance 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. |

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| 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. |
| **Outside term time 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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| 1. **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. t |
| **New phone number of service:** | Click or tap here to enter text. t |

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| **10. 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 registered provider(s):** | Click or tap here to enter text.  Click or tap here to enter text.txt |
| **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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| **11. 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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| **12. Change in email address** |

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| **Date of proposed change:** | Click or tap here to enter date.lr tap |
| **Current email address:** | Click or tap here to enter text.in |
| **New email address:** | Click or tap here to enter text.ir tap |
| **13. Cessation of service** | |

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| In accordance with The Child Care Act 1991 (Early Years Services) (Registration of School Age Services) Regulations 2018, Part II Regulation 7 (4): ‘*A Registered Provider who ceases to carry on the school age service shall,* ***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 | |  |
| 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.  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.**