EYI-FE07.5

V1.0

14/07/2025

**Application Form to Vary Terms of Registration**

**Childminding 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.

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| **Service details** |

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| **Childminding service name:** | Click or tap here to enter text. |
| **Tusla reference number:** | **TU** Click or tap here to enter text. **CM** |
| **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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| **Variation of terms** |

**Please select the relevant variation of terms (select all that apply):**

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| 1. **Change of childminding service name** |  |
| 1. **Change of childminder address** |  |
| 1. **Change in name of childminder** |  |
| 1. **Change of emergency cover person** |  |
| 1. **Change in number of children that can be accommodated** |  |
| 1. **Change in age range of children** |  |
| 1. **Change in hours of operations** |  |
| 1. **Change in telephone number of childminder** |  |
| 1. **Change of email address** |  |
| 1. **Cessation of service** |  |

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| 1. **Change of childminding service name** |

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| **Date of proposed change:** | Click or tap here to enter date. |
| **Current childminding service name:** | Click or tap here to enter text. |
| **Proposed childminding service name:** | Click or tap here to enter text. |

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| 1. **Change of childminder address** |

Change in childminder 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 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. | | |
| **Is there a proposed change to the emergency cover person(s)?** | Yes | No | |
| **If yes, please complete the change in emergency cover person (section 4) on page 3.** | | |

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| **Mandatory documents** | **Checklist** |
| Insurance certificate |  |
| Fire safety declaration (please complete schedule 5 declaration on page 6) |  |

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| 1. **Change in name of childminder** |

This section applies solely to changes in the name of the registered childminder. Registration of a childminding service cannot be transferred to another individual. Change in childminder name requires **mandatory** documentary evidence (see checklist below):

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| **Date of proposed change:** | Click or tap here to enter date. |
| **Current name of childminder:** | Click or tap here to enter text. |
| **Proposed name of childminder:** | Click or tap here to enter text. |

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| **Mandatory documents** | **Checklist** |
| Photo ID |  |
| Proof of legal name change (marriage certificate etc) |  |

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| 1. **Change of emergency cover person** |

Change of emergency cover person 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 emergency cover person(s):** | Click or tap here to enter text. |
| **Name of proposed emergency cover person(s):** | Click or tap here to enter text. |

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| **Documents** | **Checklist** | |
| Garda vetting (if available) |  | |
| Police vetting (if lived outside of the island of Ireland for more than 6 months since age 18 years) | Applicable | Not applicable |

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| **5. Change in number of children that can be accommodated** |

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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. | |
| **This change may require an on-site assessment of your home, 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** |
| Insurance certificate |  |

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

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| **Date of proposed change:** | Click or tap here to enter date. | | | | | | | |
| **Existing age range of children attending (tick all that apply):** | 0-1 |  | 1-2 |  | 3-5 |  | 6-14 |  |
| **Proposed age range of children attending (tick all that apply):** | 0-1 |  | 1-2 |  | 3-5 |  | 6-14 |  |
| **Please state the number of children under the age of 15 months (if applicable):** | Click or tap here to enter text. | | | | | | | |
| **This change may require an on-site assessment of your home, 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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| 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. |
| **Additional information pertaining to hours of operation (operational weeks/weeks closed etc.)** | Click or tap here to enter text. | |

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| 1. **Change in telephone number of childminder** |

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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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| 1. **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. |

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| **10. Cessation of service** |

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| In accordance with The Child Care Act 1991 (Early Years Services) (Childminding services) Regulations 2024, Part II Regulation 8 (6): ‘*A Childminder who ceases to carry on the childminding 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 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 operated until then. I understand that the Agency may commence enforcement actions following identification of unauthorised changes to early years settings. | |
| **Childminder name:** | Click or tap here to enter text. |
| **Childminder signature:**  *Must be handwritten or digital signature*  *(typed signatures will not be accepted)* |  |
| **Date:** | Click or tap here to enter date. r a ate |

**Please ensure application form is signed by the childminder and all mandatory documentation is submitted for this application to be assessed.**

**Incomplete applications will not be accepted and will be returned to the sender.**

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| **Regulation 5:**  **Schedule 5 - Fire safety declaration** |

**Please complete either section A or section B (relevant to your service) only and ensure you sign and date the declaration below:**

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| **Section A – Complete for dwelling houses (including dwellings other than apartments/flats)** | | |
| 1. Are smoke detectors1 provided to escape routes (hallways/upper floor landings)? | Yes | No |
| 1. Are smoke detectors1 provided to escape routes (hallways/upper floor landings)? | Yes | No |
| 1. Are escape routes (e.g. hallways/upper floor landings) kept clear and immediately available? | Yes | No |
| 1. Is a fire blanket and fire extinguisher provided to kitchen cooking facilities? | Yes | No |

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| **Section B – Complete for apartments/flats only** | | |
| 1. Are smoke/heat detectors provided to all escape routes (hallways/landings), the kitchen, and living rooms, utility rooms or bedrooms that are used in the childminding service? | Yes | No |
| 1. Are escape routes (e.g. hallways, landings) within the apartment/flat kept clear and immediately available? | Yes | No |
| 1. Is a fire blanket and fire extinguisher provided to kitchen cooking facilities? | Yes | No |

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| **Declaration** |

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| I declare that the information provided above is correct and I understand that this information will be used to determine my registration with Tusla. I agree to provider any further information as requested to determine the level of fire safety within my home. | |
| **Childminder name:** | Click or tap here to enter text. |
| **Childminder signature:**  *Must be handwritten or digital signature*  *(typed signatures will not be accepted)* |  |
| **Date:** | Click or tap here to enter date. |

*1 Smoke/heat detectors must be either mains-powered with battery backup or 10-year self-contained battery-operated detectors.*