**Part A**  
Schedule 4  
Form for Notification of Proposed Change in Circumstances

<table>
<thead>
<tr>
<th>Name of Service you are Registered as</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tusla Reference Number</td>
<td>TU</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Service</th>
<th></th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Phone Number of Registered Provider</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email Address of Registered Provider</th>
<th></th>
</tr>
</thead>
</table>

Please tick (√) column(s) of the proposed change in circumstances you wish to notify.

Please specify using the below lists:

<table>
<thead>
<tr>
<th>Legal Requirements</th>
<th>Additional Changes you wish to provide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary of reason for notification</td>
<td>√</td>
</tr>
<tr>
<td>1 Change of Service Name</td>
<td>9 Adding an Additional Service Type</td>
</tr>
<tr>
<td>2 Change of Service Address</td>
<td>10 Change in Hours of Operation</td>
</tr>
<tr>
<td>3 Change of Registered Provider</td>
<td>11a Addition of a Session (Sessional Services only)</td>
</tr>
<tr>
<td>4 Change in Legal Name of Company</td>
<td>11b Hours of Operation for Additional Session</td>
</tr>
<tr>
<td>5 Change of Person in Charge</td>
<td>12 Change in Number of Staff Employed</td>
</tr>
<tr>
<td>6 Change in Number of children that can be accommodated</td>
<td>13 Change in Phone Number of Service</td>
</tr>
<tr>
<td>7 Change in Age Profile of children for which the service is registered to provide services</td>
<td>14 Change in Mobile Number of Service</td>
</tr>
<tr>
<td>8 Change in Service Type</td>
<td>15 Change in Mobile Number of Registered Provider</td>
</tr>
<tr>
<td>9</td>
<td>16 Change in email address</td>
</tr>
</tbody>
</table>

**Note:** If the proposed change in circumstance is between Category 1 and Category 11 inclusive you are obliged to submit the Supplementary Information Form (PART B) for your application for change to be processed.

<table>
<thead>
<tr>
<th>Name of Service as per Register:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current information on Register which you propose to change</td>
</tr>
</tbody>
</table>

Printed Name of Registered Provider

Signature of Registered Provider

Date
<table>
<thead>
<tr>
<th>Section 1: Change of Service Address</th>
<th>Section 6 – Change in Age Profile of Children for which the Service is registered to provide services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 2 – Change of Registered Provider</td>
<td>Section 7 – Change in Service Type</td>
</tr>
<tr>
<td>Section 3 – Change in Legal Name of Company</td>
<td>Section 8 – Adding an Additional Service Type</td>
</tr>
<tr>
<td>Section 4 – Change of Person in Charge</td>
<td>Section 9 – Addition of a Session <em>(Sessional services only)</em></td>
</tr>
<tr>
<td>Section 5 – Change in Number of Children that can be accommodated</td>
<td></td>
</tr>
</tbody>
</table>

**Section 1: Change of Service Address**

Date of proposed change: ___/___/____

Proposed New Address: __________________________

Is the Premises ready for inspection: Yes ☐ No ☐ Date Ready: ___/___/____

Documents Required & Checklist:
- Floor Plan with measurements in M² ☐
- Details of Outdoor Area & Plan ☐
- Commercial Planning Permission ☐
- Fire Safety Certificate ☐
- Building and Fire Compliance ☐
- Insurance Certificate ☐
- Safety Statement for new Premises ☐

If Not Available State Why:

1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________
## Section 2 – Change of Registered Provider

**Date of proposed change:** ____/____/____

**Documents Required & Checklist:**

- Garda Vetting (no more than 36 months old)
- Police Vetting*
- Two References
- If New member(s) to board - vetting and 2 validated references
- Photo ID
- Details of Qualifications for those working with children

**If Not Available State Why:**

- ☐
- ☐
- ☐
- ☐
- ☐

**Documents Required if Change in Registered Provider is due to a Sale:**

- CRO including Business Address
- Confirmation of Insurance Transfer
- Conditions of sale/contract of undertakings

**If Not Available State Why:**

- ☐
- ☐
- ☐

**Additional details required**

- What is the name of the Person in Charge in the Service? __________________________
- Why is the Registered Provider being changed? __________________________
- Has there been any material alteration to the building? __________________________

*If have worked outside of Ireland for 6 months or more consecutively after their 18th Birthday

## Section 3 – Change in Legal Name of Company

**Date of proposed change:** ____/____/____

**Current legal name of Company** __________________________

**Proposed Legal name of Company:** __________________________

**Can you outline the details as to why the legal name is being changed:** __________________________

**Can you confirm if there is a change to registered business address:** (if yes, state new address) __________________________

**Names of proposed board of directors: (If different from Registered Board of Directors)**

1) __________________________
2) __________________________
3) __________________________
4) __________________________
5) __________________________

**Documents Required & Checklist, if applicable:**

- Copy of CRO Form
- Board of Directors Garda Vetting
- Board of Directors Two References per member
- Board of Directors Police Vetting

**If Not Available State Why:**

- ☐
- ☐
- ☐
- ☐
### Section 4 – Change of Person in Charge

Date of proposed change: ____/____/____

Is the proposed new person in charge:

- [ ] A) Currently working in the service
- [ ] B) New to Service

Name of proposed new person in charge: ____________________________

**Documents Required & Checklist:**

- [ ] New Employee Not Previously in Service:
  - Garda Vetting (no more than 36 months old)
  - Police Vetting (If have worked outside of Ireland for 6 months or more consecutively after their 18th Birthday)
  - Photo ID
  - 2 Validated References (One from last employer)
  - Details of Qualifications
  - Details of Previous Employment (CV)

**Current Employee in Service:**

- Garda Vetting (no more than 36 months old)

If Not Available State Why: __________________________________________

### Section 5 – Change in Number of Children that can be accommodated

**Will there be any material alterations made to the current premises:**

- Yes [ ]
- No [ ]

- Extension [ ]
- Additional Room [ ]
- Additional Building on site [ ]
- Other [ ]

**Are you changing your service type:**?

- Yes [ ]
- No [ ]

*If ‘Yes’ please complete Section 7*

**Details:**

Will you require additional staff:

- Yes [ ]
- No [ ]

**New number of children that can be accommodated:** _______

**Documents Required & Checklist where material alteration is being made:**

- Insurance Certificate [ ]
- Commercial Planning Permission [ ]
- Fire Safety Certificate [ ]
- Building and Fire Compliance [ ]
- Floor Plans with measurements in M² [ ]
- Commercial Planning [ ]

If Not Available State Why: __________________________________________

**Documents Required and Checklist where no Material alteration is being made:**

- Insurance certificate [ ]
- Floor Plans with measurements in M² (to include the number of sanitary/nappy changing facilities) [ ]
Section 6 – Change in Age Profile of Children for which the Service is registered to provide services

Date of proposed change: ___/___/____

Outline the existing age profile of children attending: ________________________________________________
_________________________________________________________

Outline proposed change of age profile of children attending: ____________________________________
_________________________________________________________

If changing age profile from 3-6 years to 0-6 years please provide photographic evidence of sleep facilities and floor plans: ☐

Is there a proposed change to service type as a result of this change: Yes ☐ No ☐

If ‘Yes’ please complete Section 7

Section 7 – Change in Service Type

Date of proposed change: ___/___/____

Current Service Type: __________________________________________________________

Proposed Change to Service Type: _______________________________________________

Are additional Staff Required: Yes ☐ No ☐

Are sleep facilities required: Yes ☐ No ☐ (If yes you must provide photographic evidence)

Are nappy changing facilities required: Yes ☐ No ☐ (If yes you must provide photographic evidence)

Is hot food provision required: Yes ☐ No ☐ (If yes you must provide details/evidence)

Documents Required & Checklist (when changing to full day care service):

- Floor Plans with measurements in M² ☐
- Commercial Planning Permission (or letter to say that this is not required) ☐
- Fire Safety Certificate (or letter to say that this is not required) ☐
- Building and Fire Compliance ☐
- Insurance Certificate ☐

If Not Available State Why:

Documents Required & Checklist (when changing from sessional to part time):

- Floor plans with measurements in M² ☐
- Insurance Certificate ☐
**Section 8 – Adding an Additional Service Type**

**Date of proposed change:** ___/___/_____

**Description of existing service**
- Sessional □
- Part-time □
- Full time □
- Drop-In □
- Child-Minding □

**Description of planned additional service**
- Sessional □
- Part-time □
- Full time □
- Drop-In □
- Child-Minding □

**Will additional staff be required to operate additional service:** Yes □ No □

**Outline the existing/additional policies which will need to be changed:**
1) 
2) 
3) 
4) 
5) 

**What additional equipment, facilities and materials are required:**

**Will any changes need to be made in regard to the food including snacks provided in the service:**

**Will there be any adjustments to fire evacuation procedures:**

**Will there be any changes to the insurance cover:**

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**Documents Required & Checklist for all service types:**
- Floor Plans with measurements in M² □

**If Not Available State Why:**

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**Additional Documents Required & Checklist for full day care service:**
- Commercial Planning Permission (or letter to say that this is not required) □
- Fire Safety Certificate (or letter to say that this is not required) □
- Building and Fire Compliance □
- Insurance Certificate □
Section 9 – Addition of a Session (Sessional Services Only)

Please note children may only attend one sessional service.

Date of proposed change: ___/___/____

Location of the additional session:
Existing Sessional Room □ Additional Sessional Room* □ Additional structure on current site* □ Other* □

Details: ________________________________________________________________

Number of Children to be cared for in the additional session: ____________________________

Age Profile of the children in the additional session:
0-1☐ 1-2½ ☐ 2½ - 6 ☐

Proposed hours of operation of the additional session: ____________________________

Name of person in charge for the additional session: ____________________________

Will additional adults be working directly with the children: Yes ☐ No ☐

Has additional insurance cover been secured for the additional session: Yes ☐ No ☐

*Documents & Checklist required if material alterations are being made to the current premises to include an additional structure on the same site:

- Floor Plan with measurements in M² ☐
- Commercial Planning Permission ☐
- Fire Safety Certificate ☐
- Building and Fire Compliance ☐
- Insurance Certificate ☐
- Safety Statement for new Premises ☐

If Not Available state why: ________________________________________________

Declaration:
I declare that all the information given on this supplementary notification form is true to the best of my knowledge and belief.

Printed name of Registered Provider: ____________________________

Signature of Registered Provider: ____________________________

Date: ___/___/____