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Registration Application Early Years School Age Setting (Part 12, CFA Act 2013)

Tusla ID

Are you over 18 years?

The person completing this application form must be over **18 years of age**

Services Offered

Select one or more services that you offer:

- | | | |
|--------------------------|--|----------------------------|
| <input type="checkbox"/> | School Age only | Drop-in School Age service |
| <input type="checkbox"/> | School Age with Full day Pre-school | |
| <input type="checkbox"/> | School Age with Part-time Pre-school | |
| <input type="checkbox"/> | School Age with Sessional Pre-school | |
| <input type="checkbox"/> | Childminding service School Age only | |
| <input type="checkbox"/> | Childminding School Age service with childminding pre-school | |
| | Temporary School Age service | |

Service Legal Name

Your legal name is the name that is reflected in your organisation's governing documents for e.g. Certificate of Incorporation, Memorandum and Arts, or Constitution

Organisation Type

Service Name

Service Address

Address Line 1

Address Line 2

Address Line 3

Town

County



Eircode (of the service)

Add an area code, space, the phone number

Phone
e.g. 01 6289775, 00353 1 6289775, 087 9876543

Mobile

Email Address

Service Commencement Date

Please declare if service already commenced operation:
Commenced Operations

Yes

No

Number of children

Number of children to be accommodated

Age Profile of Children

<input type="checkbox"/>	4-10
<input type="checkbox"/>	11-12
<input type="checkbox"/>	12-15

Proposed Registered Provider(s)

Name(s) of Registered Provider

Please indicate proposed registered provider

Address and contact details of Registered Provider

Please give details

Is the Registered Provider the same person as the Person in Charge (PIC) of your service?

Yes

No

Details of the Employment Record of Proposed Registered Provider

Person in Charge

Particulars of the Person in Charge if different from Registered Provider:

Person in charge over 18 years?

Yes

No

Is the person in charge over 18 years of age?

First Name

Last Name

Job Title

Email

Date of Birth

Phone

Details of the Employment Record of the Proposed Person in Charge, if different

Please include details of present and past employers, including the name, address, and nature of business, the dates of employment and details of post held.

Professional Registration Details of Proposed Registered Provider

Is, or was, the proposed Registered Provider registered with any health, or register of professional organisation?

Yes

No

If yes, please provide Registration Details:

If yes, please indicate the expiration date of the current or most recent registration:

Has the proposed registered provider ever been subject to any disciplinary process pursued by the registration body?

Yes

No

If yes, please provide details:

Previous Service Registration/Notification History

Were you or was any service operated by your organization previously notified to or registered with the HSE, HIQA, Tusla?

Yes

No

If yes, please provide details:

Have you or has any service operated by your organization been registered as a provider of other social care services e.g. nursing home, supported accommodation or residential children's home?

Yes

No

If yes, please provide timeframes and details

Have you or has any service operated by you, the person in charge, or any organization that you own been prosecuted under the Child Care Act 1991 or Child and Family Agency Act 2013?

Yes

No

If yes, please provide timeframes and details:

Staffing

No. Staff to be employed in Service:

Premises

Do you have sole use of the premises?

Yes

No

If No, what other services/individuals do you share premises with?

What is the type of premises you are planning to use as a school age service, for example: a domestic dwelling, purpose-built premises, refurbished build etc.

Please detail the outdoor play area available to the children:

Please detail the proposed opening hours of your service:

Please provide easy to follow directions to the location of the proposed school age service:

Accompanying Registration Application Form Documents Checklist

Please note that any application to become a School Age Service Provider submitted without the required documentation attached will NOT be accepted and the application will be returned. **When submitting the application, please place the required documentation into a zipped folder and attach the folder and the application to an email. Complete applications can be sent to: sac.registration@tusla.ie**

Document Name	Check	Notes
Registered Provider Two References		
Registered Provider ID		
Registered Provider Vetting current		
Person in Charge Vetting & Two References		
Vetting for second person where required		
List of BOM detailing their access to children		
Confirmation about BOM with access to children		
Vetting BOM with access to children		
Two References of each BOM		
Floor Plan		
Outdoor Plan		
Fire Safety Policy		
Insurance Documentation		
Statement of Purpose and Function		
Safety Statement		
Policy on Managing Behaviour		
Complaints Policy		
Policy on Administration of Medication		
Policy on Infection Control		
Policy Dropping Off & Collection		
Child Safeguarding Statement		
CRO Registration Evidence		

Fees

This fees table is for information purposes only. Note that if you provide multiple types of service, you will only be required to pay a fee for one (with the highest value) of the types of service that you provide.

Service Type	Fee
Temporary Service (offering childcare for a short period of time)	€80
Full day care service	€80
Part-time day care service	€80
Sessional pre-school service am/pm	€40
Pre-school service in a drop-in center	€80
Child-minding service	€40
Overnight pre-school service	€80

Declaration

- I consent to the Child and Family Agency carrying out checks and using information provided in this application form when assessing my suitability to register an Early Years Service.
- I agree to notify the Child and Family Agency of any changes to the information on this form.
- I declare that I have attached all documentation required to progress my application as set out in this form, including the relevant application fee and understand that an incomplete application will be returned.
- I declare that all the information I have given on the application form is true to the best of my knowledge and belief and I have not knowingly provided information that is incorrect or misleading.
- I can confirm that I have supplied the relevant personal information in respect of my staff team and relevant others with their knowledge and consent.

Please note that this registration application declaration must be signed by the proposed registered provider.

The name below is that of the proposed registered provider:

Name	<input type="text"/>
Status of Signatory	<input type="text"/>
	Status of Signatory (for example Individual, director, chairperson)
Date	<input type="text"/>