

# Meath County Childcare Committee

## Childminder Development Grant

<b>Application Form</b>
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<b>Section I</b>	<b>Applicant Details</b>
Name of Applicant	
Role/Job Title	
Address of Applicant (please provide the address where the childminding takes place)	
Telephone (land line)	
Mobile Telephone	
Fax	
E-mail	
Insurance policy number (relevant to the childminding service)	
Contact details for all correspondence in connection with this application (if different than above)	

<b>Section II</b>	<b>Previous Experience</b>
Please outline your childcare experience (to-date) relevant to this application	
Please specify any training you have undertaken related to your role as a childminder	

**Section III The Funding Request**

	ITEM	COST (€)
State exactly what this funding request is for – as appropriate, provide detailed list of items to be purchased  (Add additional page, if necessary)		
What is the total cost of your Childminding Initiative project (i.e. 100% of the project cost)		
How much is requested from the Childminding Initiative (i.e. 90% of total project cost up to a maximum of €1,000)		

**Request for Pre-Paid CCC Pack**

Application to the CCC for a pre-paid pack – please tick	YES	
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**Section IV Previous Funding**

Have you previously been a recipient of a grant (EOCP or NCIP) for your Childminding Service?  If yes, please provide information on the purpose of the grant (what exactly was the grant used for), the value of the grant (€) and the date the grant was approved	Equal Opportunities Childcare Programme (EOCP)	
	National Childcare Investment Programme (NCIP)	

**Section V** **Details of the Childminding Service**

Are you required to notify the HSE of your Childminding service?								
If yes, in what year did you first notify?								
Have you <b>voluntarily notified Meath County Childcare Committee</b> of your Childminding service?								
If yes, please provide date of notification								
* Current (if applicable)				* Target – as a result of this grant aid...				
Number of childcare places you can provide per day (when full)	Sess <sup>1</sup>	P/T <sup>2</sup>	F/T <sup>3</sup>	Number of places you will provide per day in future (when full)	Sess	P/T	F/T	
What is the age range of the children currently catered for				What age range will you cater for in the future				
What are your current operating hours (e.g. 8 a.m. – 5 p.m.)				What will be your operating hours in the future				
How many weeks per year do you currently operate your service				How many weeks per year will you operate in the future				
How many days per week do you currently operate your service				How many days per week will you operate in the future				

\* See “explanatory note for filling in service impact figures” attached.

<sup>1</sup> Sess – Sessional place

<sup>2</sup> P/T – Part-Time place

<sup>3</sup> F/T – Full-Time place

**Section V Declaration**

<p>I, _____ (INSERT SIGNATURE), apply to the <b>Meath County Childcare Committee</b> for a grant of _____ (INSERT AMOUNT) towards the proposal described in this application and declare that all the information provided is true and complete to the best of my knowledge and belief.</p> <p>I acknowledge that any funds awarded must be used for the purpose stated and that, if my application is successful, I will operate as a Childminder for a minimum of two years from the date of receipt of the grant aid.</p> <p>I agree to send full details of the expenditure including original itemised receipts to Meath County Childcare Committee in support of my payment claim.</p> <p>I understand that I may receive a check visit from Meath County Childcare Committee or from Pobal, that I will receive advance notice of such a visit and I agree to provide reasonable assistance during such a visit.</p>	
Name (BLOCK CAPITALS)	
Signature	
Date	

Completed application forms should be sent to  
**Marina Cunningham**  
**Childminding Advisory Officer**  
**Meath County Childcare Committee**  
**Commons Road**  
**Navan**  
**Co Meath**  
**046-9073010**



<p>Transforming Ireland</p> <p><b>Funded by the Irish Government</b> <b>under the National Development Plan 2007-2013</b></p>		

## Explanatory Note for Filling in Service Impact Figures

### Please read this carefully before completing your current and future/target figures

This table on your application form is to gather information on (a) your service as it is currently operated (if applicable), and (b) your service as it will operate if you are approved an NCIP Childminders Development Grant by your City/County Childcare Committee.

#### **Current**

“Current” information refers to what your service is providing as at the present time (i.e. at the time of completing this grant application).

#### **Target**

The “target” figures are those that the applicant is committing to providing with the assistance of the NCIP grant (if approved). Careful consideration should be given to these “targets” to ensure that while they are ambitious and challenging they are also achievable and realistic.

#### **The number of places available & the number of children attending is broken down into 3 categories:**

**Sessional** - A place should be counted as sessional if it is available for up to 3.5 hours continuously.

**Part-time** - A place should be counted as part-time if it is available for more than 3.5 hours and up to (and including) 5 hours *continuously*.

**Full day** - A place should be counted as full-day care/full-time if it is (a) available *continuously* for more than 5 hours per day, and (b) is in a facility that is notified to the HSE as providing full day care. Full day places can only be available to pre-school aged children.

#### **Number of Childcare places available per day**

This is the maximum number of places that could be provided on a single day (irrespective of whether the facility actually has this number attending at present). The maximum capacity must take into account the space and ratio requirements as specified by the Preschool Regulations, and any related conditions laid down in the Planning Permission (if granted) for the facility.

#### **Operating hours per day**

This is the range of hours that your facility is open to children per day. Please note the times of each individual session, under the relevant category heading.

#### **Number of days per week**

The number of days open per week is the number of days a facility is open for operation within a 7-day period, please complete in both current (if applicable) and target columns.

#### **Number of weeks per year**

The number of weeks open per year is the number of weeks a facility is open for operation within a 52-week period, please complete in both current (if applicable) and target columns.

#### **Age Range Catered For**

The age range of children for which the facility can cater, given in years and months (if applicable) e.g. 2 years – 5 years or 3 months – 12 years.