

# Application for Registration Childminder

Please complete in **BLOCK CAPITALS** and in **black**

This form should be completed by:

- All applicants who wish to register as a childminder.

If you need any help completing this form, please contact us on (01624) 642422.

## SECTION 1 - General information on the Service

Are you currently registered with the Registration and Inspections?

Yes

No

If **Yes**, please give the name and address of the registered service:

Name

Address   
  
 Postcode

Date of registration  /  /

If **Yes**, please provide the following details:

Have you ever been registered with another registration authority as a provider of care e.g. NCSC, CQC, Ofsted?

Yes

No

Name of Registering Authority

Address of Registering Authority   
  
 Postcode

Name of the Registered Service

Address of Registered Service   
  
 Postcode



## SECTION 2 - Applicant details

Title (please tick one or specify)  Mr  Mrs  Miss  Ms Other

Full Name

Any other names by which you have been known

Date of birth

Telephone number

Email address

We will communicate with you by email unless you indicate **no**  **No**

Do you require a work permit? **Yes**  **No**

Current Address   
  
Postcode

I have lived here from

Previous Address (last 5 years)	Date from	/	/	Date to	/	/
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicants should note that name, address and contact details will be included within inspection reports and published on the Government website.

Exceptions will only be made for those applicants exempted from the publicly available list of registered childminders as agreed by the Head of Registration and Inspections at the time of Registration.

Exemption requested

**SECTION 3 Previous Employment**

**Previous employment** - Please enclose a comprehensive Curriculum Vitae including all past employment history since leaving full time education. Please explain any gaps and provide reasons for leaving each job.

Have you ever been employed by a person registered under any Act on the Isle of Man or related jurisdictions registered for looking after adults or children?

**Yes**

**No**

If **Yes**, please provide details:

Have you ever been subject to disciplinary action, formal hearing, suspension and/or dismissal from a place of employment?

**Yes**   
If

**No**

Have you ever been subject to refusal or cancellation of registration in health and social care regulation for children or adults in any jurisdiction?

**Yes**

**No**

If **Yes**, please provide details:

**SECTION 3 - continued**

Do you have or have you ever had a business interest in any other care service?

**Yes**

**No**

If **Yes**, please provide details:

Name of care service

Address of care service



Postcode

Telephone number

Email address

**Please detail your professional, or care qualifications that are relevant to the services that are to be provided:**

Date	Name of examining body	Qualification obtained

Original certificates or other suitable evidence relating to qualifications are to be provided in person by the applicant.

**Registration with professional bodies**

Please provide the following information if registered with a professional body

Professional body	Date of Registration	Level of Registration	PI Number (if applicable)	Expiry Date

Examples of professional bodies would include, the General Medical Council, the General Social Care Council or the Nursing and Midwifery Council

## SECTION 3 - continued

### Referees

Please give the name and address of two referees:

- they must not be related to you;
- our reference request will ask for details of your competence to provide the service for which you are applying for;
- one of the referees must be your current or last employer.

**Referee 1:** Name

Job title

Address

Postcode

Telephone number

Capacity in which you are known to referee:

**Referee 2:** Name

Job title

Address

Postcode

Telephone number

Capacity in which you are known to referee:

**SECTION 4 - The Service**

**Proposed use:**

Please indicate the days and times the provision is to be operated.

Will this be:

All year round

School term times only

School holidays only

Other

Occasional

If other or occasional, please provide details:

An indication of the size of the proposed service, (for example number of users including age group)

**Please state:**

The total number of service recipients who will be on the premises at any one time

Age Range	Proposed maximum number

Will you have sole use of the premises?

Yes

No

If **No**, please provide details:

Are meals to be provided (this includes packed lunches)?

**Rented Property**

Do you rent the property where childminding takes place                      Yes                       No

Please provide the name and address of the person/company/local authority eg commissioners who owns the premises.

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	Postcode

Please enclose a copy of the lease and landlord’s written permission to childmind from the premises.

**SECTION 5 - Description of premises**

Flat

House

Other

Please detail:

Please list all persons living on premises including any children living on the premises in which you propose to childmind who are under the age of sixteen)

Title	Forename(s)	Surname	Date of Birth



## SECTION 6- Disclosure and Declarations

**Please note that further information may be required by the Registering Authority to establish the financial viability of the establishment.**

Have you ever:

Been involved as an owner or manager of, or had a financial interest in, a voluntary or registered service whose registration has been refused or cancelled?

Yes

No

If you have answered **YES** to the above questions, please supply below the dates, circumstances, outcomes, the name of the local authority area in which you were living and, if applicable, any social services departments from other local authorities who were involved. (Please use an additional sheet of paper if necessary).

Are you disqualified from registration as listed in the Regulation of Care Act 2013 Sections 43, 44, 45 and 46?

Yes

No

If you have answered **YES** please

Are you applying for an exemption from disqualification?  
Please see the Regulation of Care Act 2013 Section 47

Yes

No

If you have answered **YES** please provide details:

**Disclosure Document - Criminal Convictions & Investigations**

You are required to declare any convictions, cautions, conditions/unconditional discharges and bindovers. This includes declaring all 'spent convictions' in accordance with the Rehabilitation of Offenders Act (Exemption Order) 2001 and Rehabilitation of Offenders Act (Exemption Order) 1975 (UK).

A criminal conviction will not necessarily lead to a refusal of your application. However, failure to disclose any convictions could lead to either your application being refused or, if your application is successful, cancellation of your registration if it is subsequently learnt that you had a criminal conviction at the time you made the application.

Have you ever:

- been convicted of a criminal offence, cautioned or bound over by any court? **Yes**  **No**
- Are you currently under police investigation? **Yes**  **No**

If **Yes**, please give details:

In addition, please indicate whether you have ever been:

- subject to child protection enquiry/investigation? **Yes**  **No**
- subject to adult protection enquiry/investigation? **Yes**  **No**
- Investigation/proceeding under any Act on the Isle of Man or any Act in other jurisdictions? **Yes**  **No**

Employed by, or in any way associated with, an establishment/agency which has been the subject of:

- Police investigation **Yes**  **No**
- Registration and Inspection investigation **Yes**  **No**
- Child Protection investigation **Yes**  **No**
- Adult Protection investigation **Yes**  **No**

If **Yes** to any of the above, please give details including dates:

**Please complete and sign the declaration below:**

**I hereby declare that the information detailed above is accurate to the best of my knowledge. I understand that it is an offence knowingly to make a statement which is false or misleading in a material respect in this application or any of the documents submitted with this form as part of this application.**

**In making this application for registration under the Regulation of Care Act 2013. I agree to comply with the Act and all associated regulations. I agree to comply with the standards in place for the service.**

**I understand that the Department of Health and Social Care will undertake any background searches it feels appropriate, including criminal conviction checks, personal and financial references and social service checks to ascertain suitability.**

**I understand in order to carry out the background searches the Department may seek information from the following: Social Service records, Child protection registers, Health Services, Mental Health Services, International Social Services, Ministry of Defence, previous employers, the lists kept under the Disclosure and Barring Scheme.**

**Other organisations which may be contacted include: the NSPCC, Ofsted, other previous registering authorities, the Probation Service, the Work Permit Office, Immigration, the Electoral Roll and any other organisations the Department believes it is necessary to approach in order to reach an opinion as to the suitability of an applicant.**

**Signed**

**Print Name**

**Date**

**Issued by:**

Registration and Inspections  
Department of Health and Social Care  
Ground Floor, Hill Street, Douglas  
Isle of Man  
IM1 1EF

Tel: +44 1624 642422

Email: RandI@gov.im

<b>Checklist - Childminder</b>	<b>Tick</b>
Application fee(s)	<input type="checkbox"/>
Completed application form	<input type="checkbox"/>
3 X Identifying Documentation	<input type="checkbox"/>
Photograph	<input type="checkbox"/>
Role Specific DBS#	<input type="checkbox"/>
1st Aid Certificate	<input type="checkbox"/>
Evidence of Safeguarding Training	<input type="checkbox"/>
Evidence of Relevant Qualifications or any other relevant training	<input type="checkbox"/>
Statement of Purpose for review by an inspector or Draft Statement of Purpose	<input type="checkbox"/>
Policies and Procedures Same	<input type="checkbox"/>
Landlord's permission if required	<input type="checkbox"/>
Fire risk assessment written by service provider and signed off	

**Small Print:**

Proof of Insurance will be required upon registration for:

- Building and contents
- Public Liability
- Employers Liability
- Use of Car on business (if vehicle used to transport children)

Proof of **DEFA Registration** number to **follow after registration**

All Documents must be within statutory time limits Certificates 3 years, address documents 3 months

\* Pre-existing DBS certificates will only be excepted if they can be authenticated via the online checking service.

\* explanation Residents of UK in past 5 years

For more information visit our website:

**<https://www.gov.im/about-the-government/departments/health-and-social-care/registration-and-inspection-unit/>**

Or Call : 01624-642422