



***Childminding Ireland***

**Information and  
Membership Application Form  
for  
Voluntarily or Statutorily Notified  
Childminders**

*Childminding Ireland*. 9 Bulford Business Campus Kilcoole Co. Wicklow

Tel: (01) 287 8466 Fax: (01) 287 8465

e-mail: [info@childminding.ie](mailto:info@childminding.ie) [www.childminding.ie](http://www.childminding.ie)

## About *Childminding Ireland*

*Childminding Ireland* is the National Association for Childminders, providing information, advice and support and ensuring that Childminders' voices are heard at national level.

## Why become a Member in this Category?

- Group Insurance Scheme
- Vacancy Matching Service

## To become a Member in this Category you must

1. be a self employed Childminder working in your own home
2. be committed to providing a quality childcare service
3. provide evidence of either
  - Notification to the Pre-school Officer in your local HSE *or*
  - Voluntary Notification to *or* engagement with the Voluntary Notification process with your Childminders' Advisor / Childminder Advisory Officer in your local HSE or City/County Childcare Committee (by a letter from the Childminders' Advisory Service)
  - If your area has no Childminders' Advisory Service, please contact *Childminding Ireland* directly – 01 287 8466
4. hold public liability insurance under the *Childminding Ireland* Group Insurance Scheme through Kidd Insurances: 01 2079400
5. sign the declaration at the back of this Application Form
6. pay the annual membership fee of €20

## How to Join

Complete the attached membership application form and send with a cheque, draft or postal order made payable to *Childminding Ireland* in the amount of the annual membership fee of €20 to:

*Childminding Ireland* 9 Bulford Business Campus Kilcoole Co. Wicklow

To pay by debit/visa, please phone the office: 01 287 8466

Please send evidence of Notification Status, i.e. a photocopy of your Voluntary Notification Certificate *or* a letter from the Childminders' Advisory Service\* confirming engagement with the Voluntary Notification process *or* acknowledgement of your Statutory Notification from the Pre-school Officer in the HSE.

*\*if your area has no CMAO service, please contact Childminding Ireland directly. 01 287 8466*

## Insurance

The proposal form for the Group Insurance Scheme offering 2 options, is attached. Please complete this form and send it directly to Kidd Insurances together with the required insurance premium for the option you select. *Childminding Ireland* will liaise directly with Kidd confirming your membership and insurance.

The following packages are also available to Members through Kidd Insurances: (1) Home & Motor Insurance and (2) Accidental Injury – whereby each child (up to 15 years of age) is insured, on a no-blame basis.

## **ADDITIONAL INFORMATION**

### **Legislation**

Childminders must notify their local Pre-school Officer in the Health Service Executive, (HSE), if they mind four or more unrelated pre-school children at a time. Childminders who are not required to notify may voluntarily notify their Childminding service to the local Childminders' Advisor / Childminders' Advisory Officer in their local HSE.

### **Garda Vetting**

*Childminding Ireland* promotes Garda Vetting as best practice for all members. Vetting applications are processed through Barnardos.

[www.barnardos.ie/vetting-service.htm](http://www.barnardos.ie/vetting-service.htm) or contact Barnardos: 021 454 7060.

## **CHECK LIST**

**Send the following items to:**

***Childminding Ireland* 9 Bulford Business Campus Kilcoole Co. Wicklow**

- Completed Membership Application Form
- Letter from your Pre-school Officer or Childminders' Advisor (where possible) as evidence of your Statutory or Voluntary Notification status
- Annual Membership Fee of €20 (**no cash please**)

**Send the following items to**

Kidd Insurances, Unit 6, Block E, Nutgrove Office Park, Rathfarnham, Dublin, 14.

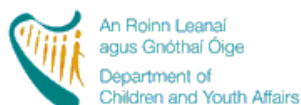
- Insurance Proposal Form – completed and signed
- Relevant Premium for selected cover, Option 1 or Option 2

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Charity Status No. CHY11504

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for  
**Voluntarily or Statutorily Notified Childminders**

**Personal Details** (please print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Female / Male Nationality: \_\_\_\_\_

**My Service**

I currently provide full day Childminding for \_\_\_\_\_ pre-school children.

I currently provide part-time Childminding for \_\_\_\_\_ pre-school children.

I currently provide Childminding for \_\_\_\_\_ school children.

I have \_\_\_\_\_ vacancies at present.

Parents regularly contact *Childminding Ireland* seeking Childminders.

Please tick the box if you would like your name given to any parent

who contacts *Childminding Ireland* seeking a Childminder in your area.

**Training**

Please provide details of relevant training courses: e.g. childcare, special needs, first aid etc. (please indicate if these are FETAC accredited and, if so, whether they are single modules or full awards and the level at which they are accredited – please use a separate sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note first aid certification is renewable.

**Insurance & Garda Vetting**

I have obtained Garda Vetting

I am in the process of being Garda Vetted

I have applied for insurance under *Childminding Ireland's*  
Group Insurance Scheme

I agree to be bound by the conditions of my Childminding insurance policy and keep it current at all times.

Insurance forms, premiums and insurance enquiries regarding the Group Insurance Scheme should be directed to the insurance brokers.

Kidd Insurances,  
Unit 6, Block E,  
Nutgrove Office Park,  
Rathfarnham, Dublin 14.

Tel: 01 207 9400

Fax: 01 207 9017

**Notification**

I am Voluntarily Notified

I am formally engaged with the Voluntary Notification Process

I am Statutorily Notified

Details of the person and HSE Area or Childminders' Advisor to whom I am notified / in the process of notifying:

Advisor's or Officer's Name: \_\_\_\_\_

HSE Area or Childminders' Advisor Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

Contact No: \_\_\_\_\_

Email (of my HSE or CCC Childminders' Advisor or HSE Pre-school Officer):

\_\_\_\_\_

**Declaration & Signature**

I do not suffer from any medical condition, disability or addiction which would make it unsuitable for me to provide full day care for children in my own home.

My home is a safe place for children, with adequate toys, books and play materials. My garden outdoor play area, if I have one, is enclosed.

Neither I, nor any member of my household has ever been convicted of any offence in relation to a child, or of any offence in relation to the possession or use of any illegal drug. None of my children have ever been taken into the care of any statutory authority.

I will comply with the Regulations for Pre-school Children introduced under the 1991 Child Care Act, and will notify my Local Health Service Executive Pre-school Officer if I provide Childminding for four or more pre-school children, at the same time, who are not from one family or related to me as described in the Regulations.

I will manage children's behaviour without smacking, shouting at or humiliating a child.

I will maintain all areas available to the children as a smoke free zone.

I will not deny access to my Childminding service on the grounds of race, religion, disability, ethnic origin, or membership of any minority group.

I agree to keep my insurance cover valid at all times and I understand that any lapse of insurance will negate my membership of *Childminding Ireland*.

We keep the following family pets: \_\_\_\_\_

I wish to become a Member of *Childminding Ireland*. I enclose a cheque/postal order/draft for €20, annual membership fee, payable to *Childminding Ireland*.

I enclose evidence of my notification status, either copy of certificate or letter from my Childminders' Advisor or letter of acknowledgement of Notification from my HSE pre-school officer. *If your area has no Childminders' Advisory Service, please contact Childminding Ireland directly 01 287 8466.*

I hereby declare that the above particulars are correct.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Where did you hear about *Childminding Ireland*? \_\_\_\_\_

Please detach and return to:  
*Childminding Ireland*      9 Bulford Business Campus      Kilcoole      Co.Wicklow