

SOCIAL WORK OFFICE
Two Boats
Ascension Island
South Atlantic
ASCN 1ZZ



Email: social.worker@ascension.gov.ac
Telephone No: + (247) 64691
Website: www.ascension-island.gov.ac

Application form to be a childminder on Ascension Island

We will use a computer to scan this form. Please complete it in black ink.

In addition to this form and prior to commencing work as a Childminder you must:

- provide a completed 'Fit to Childmind' certificate (completed with a member of the AI Hospital team)
- have a completed and clear DBS check (via the CRCO office) for yourself and every person aged 16 or over who lives or works on the premises where childminding will take place
- be in possession of a valid Business permit.
- have had a registration visit by the Social Worker.

Please ensure you complete as much information as possible. If you have any queries about the process, please contact the Social Worker. (tel: 64691)

'To support and safeguard'



Basic Information(A1–A10): This section asks for basic information about you. We hold this information about you to help us carry out checks to establish if you are suitable to look after children and to make sure that we do not mistake you for anyone with a similar name.

Personal details

A1 Title:

A2 First name(s) (in full):

A3 Surname (family name):

A4 Any other first name(s) ever used:

Used from:

Used until:

Surname at birth:

Used until:

Other surname used:

Used from:

Used until:

A5 Date of birth:

A6 Place of birth (town/country):

A7 Nationality:

A8 Sex:

A9 Have you lived outside the UK in the past five years? If so, where?

A10 Current full postal address

Section B – Contact details

B1 Contact telephone numbers:

Home telephone:

B2 Email address:

B3 Please tell us when is the most suitable time to contact you:

Section C – Premises

It is presumed that the premises you childmind at will be your home address. If it is not, please provide details of those premises here:

Section D – Past registration details

D1 Have you previously been registered with or are you still registered with a Childcare registration organisation?(if yes, please provide details).

Section E – Provision

E1 Times during which care will be provided

E2 Will this be: all year round? school term times only? school holidays only?

E3 Please specify the age ranges and number of children you intend to care for:

Section G – Previous experience of being a carer

(G1) Please give details of any relevant experience including:

- as a foster parent
- as a previous registered provider
- caring for children
- voluntary childcare work.

(G2) Please give details of any relevant training or childcare qualifications.

Section H – Referee

Referees

H1 Title and full name:

Full postal address:

Telephone number:

Email address:

How does this person know you?

How long has this person known you?

H2 Title and full name:

Full postal address:

Telephone number:

Email address:

How does this person know you?

How long has this person known you?

Section I – Other people connected with your application

I1 Other people you intend to look after children with you. Please include people living on the premises who you intend to work with children.

Title:

First name(s):

Surname:

Date of Birth:

Relationship to you/occupation if working on the premises:

I2 Other people living or working on the premises where you intend to provide childminding (aged 16years or over), but not looking after children.

First Name (s)

Surname:

Date of Birth:

Relationship to you:

I3 Children (aged under 16 years)

First name(s):

Surname:

Date of birth:

Relationship to you:

Section J – Suitability and disqualification

J1 Have you ever been involved with local authority children’s services in respect of your own children? (If you have answered ‘Yes’, please give details below.)

J2 Have you ever received a reprimand or final warning, been given a caution for, or been convicted of, any criminal offences? (If you have answered ‘Yes’, please give details below)

J3 Are you aware of any other circumstances that might affect your suitability to work or be in regular contact with children? (If you have answered ‘Yes’, please give details below)

Criminal Records Office check

Section K – Consent and declaration

Criminal Record Bureau check

K1 Do you already hold an enhanced criminal records disclosure notice from the Criminal Records Office within the last three years?

Consent and declaration

I consent to Ascension Island Government carrying out checks and using information provided from the checks and this application form when assessing my suitability to register as a childminder.

I agree to notify AIG of any changes to the information in this form which may affect my suitability to provide childcare.

I understand that AIG will share any information they obtain about me with other organisations where the law requires them to, including where information raises concerns of a child protection nature.

I consent to AIG sharing information about my application with local authorities to assist them with their statutory functions of providing advice and training to applicants and registered childcare providers.

I understand that my application is not complete until I have paid the application fee.

I declare that all the information I have given on this application form is true to the best of my knowledge and belief. I understand that my application may be refused if I have knowingly given false information or have withheld relevant details.

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Signed

Print name

Date of birth

Date of signature

Additional Information: