

**Childcare Act 1991 (Early Years Services) Regulations 2016 Part II Article 8 – Notification of Proposed Change in Circumstances**

**Please note:** Only completed forms with required additional documents will be process. All proposed changes require approval from the Registration Office prior to commencement

Name of Service you are Registered as	
Tusla Reference Number	TU
Address of Service	
Phone Number of Registered Provider	
Email Address of Registered Provider	

**Section 1 -Change of Service Address**

**Section 2 – Change of Registered Provider**

**Section 3 – Change in Legal Name of Company**

**Section 4 – Change of Person in Charge**

**Section 5 – Change in Number of Children that can be accommodated**

**Section 6 – Change in Age Profile of Children**

for which the Service is registered to provide services

**Section 7 – Change in Service Type**

**Section 8 – Adding an Additional Service Type**

**Section 9 – Change in Number of Staff Employed**

**Section 10 – Addition of a Session (Sessional services only)**

**Section 1: Change of Service Address**

Date of proposed change: \_\_\_/\_\_\_/\_\_\_

Proposed New Address: \_\_\_\_\_

Is the Premises ready for inspection: Yes  No  Date Ready: \_\_\_/\_\_\_/\_\_\_

**Additional Documentation Required & Checklist:**

- Floor Plan
- Details of Outdoor Area & Plan
- Commercial Planning Permission
- Fire compliance Cert
- Fire Planning Certificate
- Insurance Certificate
- Safety Statement for new Premises

**If Not Available State Why:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section 2 – Change of Registered Provider

Date of proposed change: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Additional Documentation Required & Checklist:**

- Garda
- Police Vetting
- Two References
- CRO including Business Address
- Board of Directors vetting for all members
- Confirmation of Insurance Transfer
- Conditions of sale/contract of undertakings
- Photo ID
- Details of Qualifications for those working with children

**If Not Available State Why:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section 3 – Change in Legal Name of Company

Date of proposed change: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current legal name of Company \_\_\_\_\_

Proposed Legal name of Company: \_\_\_\_\_

Can you outline the details as to why the legal name is being changed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can you confirm if there is a change to registered business address: (if yes, state new address)

\_\_\_\_\_

\_\_\_\_\_

Names of proposed board of directors: (If different from Registered Board of Directors)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**Additional Documentation Required & Checklist, if applicable:**

- Copy of CRO Form\* (Mandatory)
- Board of Directors Garda Vetting
- Two Reference
- Board of Directors Police Vetting

**If Not Available State Why:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section 4 – Change of Person in Charge

Date of proposed change: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is the proposed new person in charge:

- A) Currently working in the service
- B) New to Service

Name of proposed new person in charge: \_\_\_\_\_

### Additional Documentation Required & Checklist:

#### New Employee Not Previously in Service:

#### If Not Available State Why:

- |   |                          |       |
|---|--------------------------|-------|
| • Garda Vetting                         | <input type="checkbox"/> | _____ |
| • Police Vetting                        | <input type="checkbox"/> | _____ |
| • Photo ID                              | <input type="checkbox"/> | _____ |
| • 2 References (One from last provider) | <input type="checkbox"/> | _____ |
| • Details of Qualifications             | <input type="checkbox"/> | _____ |
| • Details of Previous Employment (CV)   | <input type="checkbox"/> | _____ |

#### Current Employee in Service:

- |  |                          |       |
|--|--------------------------|-------|
| • Garda Vetting (no more than 36 months old) | <input type="checkbox"/> | _____ |
|--|--------------------------|-------|

## Section 5 – Change in Number of Children that can be accommodated

Date of proposed change: \_\_\_\_/\_\_\_\_/\_\_\_\_

Will there be any material alterations made to the current premises: Yes  No

Extension  Additional Room  Additional Building on site  Other \_\_\_\_\_

Are you changing your service type: Yes  No

Details: \_\_\_\_\_

Will you require additional staff: Yes  No

*If 'Yes' please see section 9*

### Additional Documentation Required & Checklist:

#### If Not Available State Why:

- |                               |                          |       |
|-------------------------------|--------------------------|-------|
| • Insurance Certificate       | <input type="checkbox"/> | _____ |
| • Planning Certificate        | <input type="checkbox"/> | _____ |
| • Fire compliance Certificate | <input type="checkbox"/> | _____ |
| • Floor Plans                 | <input type="checkbox"/> | _____ |
| • Commercial Planning*        | <input type="checkbox"/> | _____ |

\*where new building or material alteration

## **Section 6 – Change in Age Profile of Children for which the Service is registered to provide services**

Date of proposed change: \_\_\_/\_\_\_/\_\_\_

Outline the existing age profile of children attending: \_\_\_\_\_

Outline proposed change of age profile of children attending: \_\_\_\_\_

Is there a proposed change to service type as a result of this change: Yes  No

*If 'Yes' please see Section 7*

## **Section 7 – Change in Service Type**

Date of proposed change: \_\_\_/\_\_\_/\_\_\_

Current Service Type: \_\_\_\_\_

Proposed Change to Service Type: \_\_\_\_\_

Are additional Staff Required: Yes  No  \_\_\_\_\_

*If 'Yes' please see section 9*

Are sleep facilities required: Yes  No  \_\_\_\_\_

Are nappy changing facilities required: Yes  No  \_\_\_\_\_

Is hot food provision required: Yes  No  \_\_\_\_\_

### **Additional Documentation Required & Checklist:**

- Floor Plans
- Planning Permission (or letter to say that this is not required)
- Fire Certificate (or letter to say that this is not required)
- Insurance Certificate
- Outdoor Area Plans (if applicable)

### **If Not Available State Why:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section 8 – Adding an Additional Service Type

Date of proposed change: \_\_\_/\_\_\_/\_\_\_

**Description of existing service**

Sessional       Part-time       Full time       Drop-In       Child-Minding

**Description of planned additional service**

Sessional       Part-time       Full time       Drop-In       Child-Minding

Will additional staff be required to operate additional service: Yes  No

*If 'Yes' please see section 9*

**Outline the existing/additional policies which will need to be changed:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**What additional equipment, facilities and materials are required:**

Will any changes need to be made in regard to the food including snacks provided in the service:

Will there be any adjustments to fire evacuation procedures:

Will there be any changes to the insurance cover:

## Section 9 – Change in Number of Staff Employed (Increase)

Date of Proposed Change: \_\_\_/\_\_\_/\_\_\_

How many additional staff will be employed: \_\_\_\_\_

**Additional Documentation:**

**If Not Available State Why:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Garda Vetting <input type="checkbox"/></li> <li>• Police Vetting <input type="checkbox"/></li> <li>• Official Photo ID <input type="checkbox"/></li> <li>• Details of Qualifications <input type="checkbox"/></li> <li>• Curriculum Vitae <input type="checkbox"/></li> <li>• 2 References <input type="checkbox"/></li> </ul> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|---|

## **Section 10 – Addition of a Session (Sessional Services Only)**

*Please note children may only attend one sessional service.*

**Date of proposed change:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Location of the additional session:**

Existing Sessional Room  Additional Sessional Room\*  Separate Premises\*  Other\*

**Details:** \_\_\_\_\_

**Number of Children to be cared for in the additional session:** \_\_\_\_\_

**Age Profile of the children in the additional session:**

0-1  1-2½  2½ - 6

**Proposed hours of operation of the additional session** \_\_\_\_\_

**Name of person in charge for the additional session:** \_\_\_\_\_

**Will additional adults be working directly with the children:** Yes  No

*If 'Yes' please see section 9*

**Has additional insurance cover been secured for the additional session:** Yes  No

**\*Additional Documentation & Checklist:**

- Floor Plan
- Details of Outdoor Area & Plan
- Commercial Planning Permission
- Fire compliance Cert
- Fire Planning Certificate
- Insurance Certificate
- Safety Statement for new Premises

**If Not Available State Why:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Declaration:**

I declare that all the information given on this supplementary notification form is true to the best of my knowledge and belief.

**Printed name of Registered Provider:** \_\_\_\_\_

**Signature of Registered Provider:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_