

Part A

Schedule 4

Form for Notification of Proposed Change in Circumstances

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

Please tick (✓) column(s) of the proposed change in circumstances you wish to notify.

Please specify using the below lists:

	Legal Requirements			Additional Changes you wish to provide	
	Summary of reason for notification	✓		Summary of reason for notification	✓
1	Change of Service Name		9	Adding an Additional Service Type	
2	Change of Service Address		10	Change in Hours of Operation	
3	Change of Registered Provider		11a	Addition of a Session (Sessional Services only)	
4	Change in Legal Name of Company		11b	Hours of Operation for Additional Session	
5	Change of Person in Charge		12	Change in Number of Staff Employed	
6	Change in Number of children that can be accommodated		13	Change in Phone Number of Service	
7	Change in Age Profile of children for which the service is registered to provide services		14	Change in Mobile Number of Service	
			15	Change in Mobile Number of Registered Provider	
8	Change in Service Type		16	Change in email address	

Note: If the proposed change in circumstance is between Category 1 and Category 11 inclusive you are obliged to submit the Supplementary Information Form (PART B) for your application for change to be processed.

Name of Service as per Register:	
Current information on Register which you propose to change	New Information which is proposed to be entered on Register

Printed Name of Registered Provider.....

Signature of Registered Provider

Date.....

Part B

<p><u>Section 1</u> -Change of Service Address</p> <p><u>Section 2</u> – Change of Registered Provider</p> <p><u>Section 3</u> – Change in Legal Name of Company</p> <p><u>Section 4</u> – Change of Person in Charge</p> <p><u>Section 5</u> – Change in Number of Children that can be accommodated</p>	<p><u>Section 6</u> – Change in Age Profile of Children for which the Service is registered to provide services</p> <p><u>Section 7</u> – Change in Service Type</p> <p><u>Section 8</u> – Adding an Additional Service Type</p> <p><u>Section 9</u> – Addition of a Session <small>(Sessional services only)</small></p>
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Section 1: Change of Service Address

Date of proposed change: ____/____/____

Proposed New Address: _____

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

Documents Required & Checklist:

- Floor Plan with measurements in M²
- Details of Outdoor Area & Plan
- Commercial Planning Permission
- Fire Safety Certificate
- Building and Fire Compliance
- Insurance Certificate
- Safety Statement for new Premises

If Not Available State Why:

Section 2 – Change of Registered Provider

Date of proposed change: ____/____/____

Documents Required & Checklist:

- Garda Vetting (no more than 36months old)
- Police Vetting*
- Two References
- If New member(s) to board -vetting and 2 validated references
- Photo ID
- Details of Qualifications for those working with children

If Not Available State Why:

- _____
- _____
- _____
- _____
- _____
- _____

Documents Required if Change in Registered Provider is due to a Sale:

- CRO including Business Address
- Confirmation of Insurance Transfer
- Conditions of sale/contract of undertakings

- _____
- _____
- _____

Additional details required

What is the name of the Person in Charge in the Service? _____

Why is the Registered Provider being changed? _____

Has there been any material alteration to the building? _____

*If have worked outside of Ireland for 6 months or more consecutively after their 18th Birthday

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) _____

Documents Required & Checklist, if applicable:

- Copy of CRO Form
- Board of Directors Garda Vetting
- Board of Directors Two References per member
- 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: _____

Documents Required & Checklist:

If Not Available State Why:

New Employee Not Previously in Service:

- Garda Vetting (no more than 36months old)
- Police Vetting (If have worked outside of Ireland for 6 months or more consecutively after their 18th Birthday)
- Photo ID
- 2 Validated References (One from last employer)
- Details of Qualifications
- Details of Previous Employment (CV)

Current Employee in Service:

- Garda Vetting (no more than 36 months old)

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

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

If 'Yes' please complete Section 7

Details: _____

Will you require additional staff: Yes No

New number of children that can be accommodated: _____

Documents Required & Checklist where material alteration is being made:

If Not Available State Why:

- Insurance Certificate
- Commercial Planning Permission
- Fire Safety Certificate
- Building and Fire Compliance
- Floor Plans with measurements in M²
- Commercial Planning

Documents Required and Checklist where no Material alteration is being made:

- Insurance certificate
- Floor Plans with measurements in M² (to include the number of sanitary/nappy changing facilities)

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: _____

If changing age profile from 3-6years to 0-6years please provide photographic evidence of sleep facilities and floor plans:

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

If 'Yes' please complete 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 _____

Are sleep facilities required: Yes No (If yes you must provide photographic evidence) _____

Are nappy changing facilities required: Yes No (If yes you must provide photographic evidence) _____

Is hot food provision required: Yes No (If yes you must provide details/evidence) _____

Documents Required & Checklist (when changing to full day care service):

If Not Available State Why:

- Floor Plans with measurements in M² _____
- Commercial Planning Permission (or letter to say that this is not required) _____
- Fire Safety Certificate (or letter to say that this is not required) _____
- Building and Fire Compliance _____
- Insurance Certificate _____

Documents Required & Checklist (when changing from sessional to part time):

- Floor plans with measurements in M²
- Insurance Certificate

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

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:

Documents Required & Checklist for all service types :

If Not Available State Why:

- Floor Plans with measurements in M²

Additional Documents Required & Checklist for full day care service:

- Commercial Planning Permission (or letter to say that this is not required)
- Fire Safety Certificate (or letter to say that this is not required)
- Building and Fire Compliance
- Insurance Certificate

Section 9 – 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* Additional structure on current site* 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

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

***Documents & Checklist required if material alterations are being made to the current premises to include an additional structure on the same site:**

- | | If Not Available state why: |
|--|--------------------------------|
| • Floor Plan with measurements in M ² | <input type="checkbox"/> _____ |
| • Commercial Planning Permission | <input type="checkbox"/> _____ |
| • Fire Safety Certificate | <input type="checkbox"/> _____ |
| • Building and Fire Compliance | <input type="checkbox"/> _____ |
| • Insurance Certificate | <input type="checkbox"/> _____ |
| • Safety Statement for new Premises | <input type="checkbox"/> _____ |

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: ____/____/____