**Queen’s University Belfast - Childcare Services**

Application Form for Out of School and After Nursery Care

**Academic Year 2020-2021**

1. **Attendance Requirements**

|  |  |  |
| --- | --- | --- |
| Full week after school sessions |  | |
| Part week after school sessions | Monday Tuesday Wednesday Thursday Friday | |
| Term time only | Holiday care only | Term time and holiday care |

1. **Child’s Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s surname | | |  | | | | | |
| Child’s first name(s) | | |  | | | | | |
| Known as | | |  | | | | | |
|  | | |  | | | | | |
| Address where child residing | | |  | | | | | |
| Date of birth | | |  | | | | Male Female | |
| Nationality |  | | | First language | |  | | |
| Any other language spoken | | |  | | | | | |
| School attended | |  | | | | | | Academic year (class) |
| Preferred date of admission | | | | |  | | | |
| **3. Details of Parents / Guardian** | | | | | | | | |
| Name of person with parental responsibility | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| Title | Surname | Forename |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Status | | QUB registered UG / PG QUB staff Other | | | | | | | | | | | | | | | | | | | | |
| QUB staff / student number | | | | | | |  | | | | Grade  Academic/Professional/Other | | | | | | | | |  | | |
| Nationality | | |  | | | | | | | | | | First  language | | | |  | | | | | |
| Home address | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Post code | | | |  |
| Email address | | | | | | |  | | | | | | | | | | | | | | | |
| Telephone number | | | | | | | Home | |  | | | | | | | | | Mobile | | | |  |
| Do any other individuals have legal contact arrangements with the child? | | | | | | | | Yes No | | | | | | | | | | | | | | |
| If ***Yes*** please provide details and a copy of relevant documentation | | | | | | | |  | | | | | | | | | | | | | | |
| *Queen’s staff complete* ***Sections 4 and 7-12****, Queen’s students complete* ***Sections 5 and 7-12****, and Other (non-staff, non-students) complete* ***Sections 6-12****.*  **4. QUB Staff** | | | | | | | | | | | | | | | | | | | | | | |
| Faculty / School / Department /  Institute / Directorate | | | | | | |  | | | | | | | | | | | | | | | |
| Job title | | | | | | |  | | | | | | | | | | | | | | | |
| Address | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Work telephone number | | | | | | |  | | | | | | | | | | | | | | | |
| **5. QUB Students** | | | | | | | | | | | | | | | | | | | | | | |
| Faculty / School / Institute | | | | | |  | | | | | | | | | | | | | | | | |
| Name of course | | | | | |  | | | | | | | | | | | | | | | | |
| Date of completion of current studies | | | | | |  | | | | | | | | | | | | | | | | |
| Term time address (if different to home address) | | | | | |  | | | | | | | | | | | | | | | | |
| Student’s Date of Birth | | | | | |  | | | | | | | | | | | | | | | | |
| Do you have a partner | | | | | | Yes No | | | | | | | | | | | | | | | | |
| If yes, is your partner | | | | | | Employed | | | | | | | | Unemployed | | | | | Student**\*** | | | |
| **\*** If your partner is a student, please provide further details below: | | | | | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | Faculty / course | | | | |  | | | | | | | |
| Student number | | | |  | | | | | | | | Date of completion | | | | | | | | |  | |
| **6. Other** (eg, Non-QUB staff, Non-QUB students)   |  |  | | --- | --- | | I am not a student or staff member at Queen’s University | | | Place of study *(eg, UU, OU)* |  | | Place of work |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **7. Emergency Contacts** (Please include additional Parent / Guardian details plus details of 1 other person) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Contact No. 1 | | | | | | | | | | | Contact No. 2 | | | | | | |
| Name | | | | |  | | | | | | | | | | |  | | | | | | |
| Relationship to child | | | | |  | | | | | | | | | | |  | | | | | | |
| Address | | | | |  | | | | | | | | | | |  | | | | | | |
| Telephone number | | | | |  | | | | | | | | | | |  | | | | | | |
| Mobile number | | | | |  | | | | | | | | | | |  | | | | | | |

**8. People Authorised to Collect Your Child** (Details of other Parent / Guardian to be included

Confirmation required - must be over 18 years of age)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship to Child | Over 18 years old | Telephone Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**9. Child’s Medical Details**

|  |  |
| --- | --- |
| Doctor’s name |  |
| Surgery address |  |
| Surgery telephone number |  |

|  |  |
| --- | --- |
| Details of any illness and/or medication taken regularly |  |
| ***Please note that only medicine supplied and clearly labelled will be given to your child.*** | |
| Any other information you would like to tell us about your child |  |

**Illnesses Child Has Had**

|  |  |
| --- | --- |
| Measles | Mumps |
| Chicken Pox | Scarlet Fever |
| Whooping Cough |  |

**10. Child’s Immunisation Record**

|  |  |  |  |
| --- | --- | --- | --- |
| **When to Immunise** | **Diseases Vaccine Protects Against** | **How it is given** | **Date of Immunisation** |
| *2 months old* | Diphtheria, tetanus, pertussis (whooping cough), polio and Hib | One injection |  |
| Pneumococcal infection | One injection |  |
| Rotavirus | Orally |  |
| Meningococcal B infection | One injection |  |
| *3 months old* | Diphtheria, tetanus, pertussis, polio and Hib | One injection |  |
| Rotavirus | Orally |  |
| *4 months old* | Diphtheria, tetanus, pertussis, polio and Hib | One injection |  |
| Pneumococcal infection | One injection |  |
| Meningococcal B infection | One injection |  |
| *Just after the first birthday* | Measles, mumps and rubella | One injection |  |
| Pneumococcal infection | One injection |  |
| Hib and meningococcal C infection | One injection |  |
| Meningococcal B infection | One injection |  |
| *Every year from 2 years old up to P7* | Influenza | Nasal spray or injection | *Most recent date:* |
| *3 years and 4 months old* | Diphtheria, tetanus, pertussis and polio | One injection |  |
| Measles, mumps and rubella | One injection |  |
| *Girls 12 to 13 years old* | Cervical cancer caused by human papillomavirus types 16 and 18 and genital warts caused by types 6 and 11 | Two injections over six months |  |
| *14 to 18 years old* | Tetanus, diphtheria and polio | One injection |  |
| Meningococcal ACWY | One injection |  |

**11. Food Allergies / Special Dietary Requirements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has your child any food allergies or special dietary requirements? | | Yes No | | |
| Please give details |  | | | |
| Are there any foods you do not want your child to have? | | Yes No | | |
| Please give details |  | | | |
| Has your child any cultural or religious requirements? | | Yes No | | |
| Please give details |  | | | |
| Any other details that may be useful |  | | | |
| **12. Consents** | | | | |
| **Medical Treatment** | | | | |
| **I hereby give consent for the staff of Childcare Services to**:…*(please tick as appropriate)* | | | | |
| Administer the recommended dose of Calpol (which must be supplied by parents). It is our policy to contact parents if a child has a high temperature | | | Yes No | |
| Administer first aid in the event of a minor accident or emergency | | | Yes No | |
| Accompany my child to hospital in the event of a serious accident/medical occurrence, if they have been unable to make contact through those emergency numbers I have provided | | | Yes No | |
| Administer medication | | | Yes No | |
| Apply a hypo-allergenic plaster when necessary | | | Yes No | |
| Assist my child, in the event of a personal accident requiring my child to change their clothes and if my child cannot manage by him/herself, I consent to help being given as appropriate | | | Yes No | |
| Give sunblock to my child, if the staff feel this is necessary and to staff helping with the application of this if my child needs help | | | Yes No | |
| Provide comfort to my child, when sought, if upset or in distress | | | Yes No | |
| Signature…………………………………………………. Date ………………………………………… | | | | |
|  | | | | |
| **Outings / Transport** | | | | |
| **I hereby give consent for the staff of Childcare Services to:** … *(please tick as appropriate)* | | | | |
| Accompany my child on walks to the park, museum, shop etc and I consent to my child leaving the Childcare premises to do so. I expect to be informed of any pre-planned outings and to give my consent for these under supervision | | | | Yes No |
| Escort my child to Childcare premises in a University vehicle, registered car or by foot | | | | Yes No |
| Travel on public transport | | | | Yes No |
| Signature…………………………………………………. Date ……………………………………….. | | | | |
|  | | | | |
| **Photographs** | | | | |
| **I hereby give consent for** … | | | | |
| Photographs being taken of my child and these being displayed within Childcare Services’ premises | | | | Yes No |
| Photographs of my child on the Childcare Services website | | | | Yes No |
| Using photographs of my child for advertising purposes | | | | Yes No |
| Signature…………………………………………………. Date ………………………………………… | | | | |

|  |  |
| --- | --- |
| **Other** | |
| **I hereby give consent for :** … | |
| Child observation to be carried out on my child by students on Childcare placement | Yes No |

|  |  |
| --- | --- |
| **Sharing information** | |
| **I hereby give consent for the staff of Childcare Services to:** … *(please tick as appropriate)* | |
| Share information about my child with other agencies such as :  Speech and Language, Health Visitors, special educational need support | Yes No |
| Signature................................................................ Date...................................................................  ***Please note staff will share information without consent if they are concerned about the welfare of the child*** | |

I declare that the information I have given on this form is true and complete and if there are any changes in circumstances I will notify the Out of School Manager.

Signature: ……………………………………………………………….. Date: ……………………….

**This information will be shared with Belfast Health and Social Service Trust as part of the Registration process.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office Use Only** | | | | |
| Date Application Form Received |  | Date Application Form Acknowledged | |  |
| Childcare Site Offered |  | | | |
| Registration Fee Cheque Cash Card  No fee received | | | Staff Name | |
| Place Accepted | | Place Declined | | |