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

Application Form for Out of School and After Nursery Care

**Academic Year 2018-19**

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 |  | GradeAcademic/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) |  |
| 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** (Other than parents / guardians) |
|  | Contact No. 1 | Contact No. 2 |
| Name |  |  |
| Relationship to child |  |  |
| Address |  |  |
| Telephone number |  |  |
| Mobile number |  |  |

**8. People Authorised to Collect Your Child** (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  |