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

Application Form forDay Care

***Please return completed forms to:*** *Mrs Helen Ferris, Childcare Services, Students’ Union, Queen’s University Belfast, Belfast, BT7 1NF or h.ferris@qub.ac.uk*

1. **Childcare Requirement**

|  |
| --- |
| Full-time [ ]  |
| Part-time**\*** [ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday***\**** *Please note priority will be given to full-time places.* |

1. **Child’s Details**

|  |  |
| --- | --- |
| Child’s surname |  |
| Child’s first name(s) |  |
| Known as |  |
| Address where child residing |  |
| Date of birth |  |
| Sex | Male [ ]  |  Female [ ]  |
| Nationality |  | First language |  |
| Any other language spoken |  |
| Anticipated starting date in Childcare Services |  |
| **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 |   |
| 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 1 | Contact 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 / Immunisation Details**

|  |  |
| --- | --- |
| Doctor’s name |  |
| Surgery address |  |
| Surgery telephone number |  |
| Child’s Health Visitor name |  |
| Health Visitor’s address |  |
| Health Visitor’s telephone number |  |

**Illnesses Child Has Had**

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

**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 |  |

|  |  |
| --- | --- |
| Details of other vaccinations |  |
| Details of any other illness and/or details of any medication taken regularly |  |
| Any other information you would like to tell us about your child |  |

**10. 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 |  |

|  |
| --- |
| **11. 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 if required in an 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 [ ]  |
| Apply a hypo-allergenic plaster when necessary  | Yes [ ]  No [ ]  |
| Change my child’s clothing if it becomes wet or soiled during the course of the day | Yes [ ]  No [ ]  |
| Apply sun cream to my child | Yes [ ]  No [ ]  |
| Signature |   | Date |  |
|  |
| **Outings / Transport** |
| **I hereby give consent for the staff of Childcare Services to:** … *(please tick as appropriate)* |
| Take my child on local visits and outings under supervision | Yes [ ]  No [ ]  |
| Escort my child in a University vehicle, registered car or by foot  | Yes [ ]  No [ ]  |
| Signature |   | Date |  |
|  |
| **Photographs** |
| **I hereby give consent for the staff of Childcare Services to:** …*(please tick as appropriate)* |
| Photograph my child and for those photographs to be used in my child’s file and displays around the nursery  | Yes [ ]  No [ ]  |
| Use photographs of my child taken in Childcare Service in another child’s file or diary (as a group) | Yes [ ]  No [ ]  |
| Use photographs of my child in newsletters | Yes [ ]  No [ ]  |
| Use photographs of my child on the Childcare Services website  | Yes [ ]  No [ ]  |
| Use 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 [ ]  |
| Signature  |  | Date |  |

|  |
| --- |
| **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 [x]  |
| Signature |   | Date |  |

***Please note staff will share information without consent if they are concerned about the welfare of the child***

|  |
| --- |
| Please provide the reasons why you consider it necessary to have your child with Childcare Services at Queen’s, this may include details of travel arrangements, home circumstances or course requirements. All details will be treated in the strictest confidence. |

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 Crèche 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 [ ]  |