

Queen's University Belfast - Childcare Services

Application Form for Day Care

Academic Year 2018-19

1. Childcare Requirement

Full-time	<input type="checkbox"/>				
Part-time*	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
* Please note priority will be given to full-time places.					

2. Child's Details

Child's surname					
Child's first name(s)					
Known as					
Address where child residing					
Date of birth					
Sex	Male <input type="checkbox"/>		Female <input type="checkbox"/>		
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 <input type="checkbox"/>		QUB staff <input type="checkbox"/>		Other <input type="checkbox"/>
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>		
If yes, is your partner	Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Student* <input type="checkbox"/>
* 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)

<input type="checkbox"/> 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
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

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 <input type="checkbox"/>	Mumps <input type="checkbox"/>
Chicken Pox <input type="checkbox"/>	Scarlet Fever <input type="checkbox"/>
Whooping Cough <input type="checkbox"/>	

Child's Immunisation Record

When to Immunise	Diseases Vaccine Protects Against	How it is Given	Date of Immunisation
<i>2 months old</i>	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib	One injection	
	Pneumococcal infection	One injection	
	Rotavirus	Orally	
	Meningococcal B infection	One injection	
<i>3 months old</i>	Diphtheria, tetanus, pertussis, polio and Hib	One injection	
	Rotavirus	Orally	
<i>4 months old</i>	Diphtheria, tetanus, pertussis, polio and Hib	One injection	
	Pneumococcal infection	One injection	
	Meningococcal B infection	One injection	
<i>Just after the first birthday</i>	Measles, mumps and rubella	One injection	
	Pneumococcal infection	One injection	
	Hib and meningococcal C infection	One injection	
	Meningococcal B infection	One injection	
<i>Every year from 2 years old up to P7</i>	Influenza	Nasal spray or injection	<i>Most recent date:</i>
<i>3 years and 4 months old</i>	Diphtheria, tetanus, pertussis and polio	One injection	
	Measles, mumps and rubella	One injection	
<i>Girls 12 to 13 years old</i>	Cervical cancer caused by human papillomavirus types 16 and 18 and genital warts caused by types 6 and 11	Two injections over six months	
<i>14 to 18 years old</i>	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 <input type="checkbox"/>	No <input type="checkbox"/>
Please give details		
Are there any foods you do not want your child to have?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please give details		
Has your child any cultural or religious requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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:... <i>(please tick as appropriate)</i>		
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 <input type="checkbox"/>	No <input type="checkbox"/>
Administer first aid if required in an emergency	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
Apply a hypo-allergenic plaster when necessary	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Change my child's clothing if it becomes wet or soiled during the course of the day	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Apply sun cream to my child	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature..... Date		

Outings / Transport		
I hereby give consent for the staff of Childcare Services to: ... <i>(please tick as appropriate)</i>		
Take my child on local visits and outings under supervision	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Escort my child in a University vehicle, registered car or by foot	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
Use photographs of my child taken in Childcare Service in another child's file or diary (as a group)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use photographs of my child in newsletters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use photographs of my child on the Childcare Services website	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use photographs of my child for advertising purposes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature..... Date		

Other		
I hereby give consent for : ...		
Child observation to be carried out on my child by students on Childcare placement	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 <input type="checkbox"/>	No <input type="checkbox"/>
Signature..... Date.....		
<i>Please note staff will share information without consent if they are concerned about the welfare of the child</i>		

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	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Card <input type="checkbox"/> No fee received	Staff Name	
Place Accepted	<input type="checkbox"/>	Place Declined	<input type="checkbox"/>