

# **Blaenau Gwent County Borough Council & Early Years Development Childcare & Play Partnership**

## **Childminder Start-up Grant Application Form 2016-2017**

**Part 1: To be completed prior to commencing CYPOP5 Course  
& accompanied by the Childminder Briefing Session  
Questionnaire.**

Name: .....

Address: .....

.....

Postcode: .....

Telephone Number: .....

Course Tutor: .....

Course Venue: .....

Anticipated Date of Registration: .....

Childminding Officer Contact Name: .....

Signature: .....

Date: .....

**Return to:**

Kara Kershaw, Child Care Business Development Officer, Early Years &  
Childcare Team, Integrated Services Team, Heart of the Valleys Integrated  
Centre, High Street, Blaina. NP13 3BN

## Part 2: To be completed once subscribed as a member to the Professional Association for Childcare & Early Years (PACEY)

Please complete the document below in full & return to Kara Kershaw, Child Care Business Development Officer, Early Years & Childcare Team, Integrated Services Team, Heart of the Valleys Integrated Centre, High Street, Blaina. NP13 3BN

Name: .....

Address: .....

.....

Contact Telephone Number: .....

### Declaration by CSSIW registration Inspector

I hereby confirm that:

1. An application for registration has been made with CSSIW and is being processed.
2. The essential & desirable items listed within this application are required for the registration of the applicant as a childminder.

Signed: .....

Name (please print): .....

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### Declaration Application

I confirm that:

1. I have registered for the Childminder Start Up Grant. [ ]
2. I am in the process of registration as a Childminder with CSSIW [ ]
3. I have successfully completed the CYPOP5 [ ]
4. I have subscribed annual membership to PACEY
5. I have completed Paediatric First Aid & Level 2 Basic Food Hygiene [ ]
6. I have completed the Expenditure Proforma & attached all receipts as proof of purchase. [ ]
7. Should I cease to be a childminder within 12 months of registration I will return all goods to the EYDCPP. [ ]
8. I will undertake the Blaenau Gwent Quality Improvement Scheme [ ]

Signed: .....

Date: .....

Name: .....



## Expenditure Proforma

**Part 3: Please complete the tables below & provide receipts/invoices where required.**

Description	Price	Receipt / Invoice
CYPOP5 Course		
Paediatric First Aid Course		
Level 2 Basic Food Hygiene Training		
PACEY Start Up Pack		

### Essential Equipment:

Description	Price	Receipt / Invoice
Stair Gate		
Fire Guard		
Safety Film for Glass		
First Aid Box		
Car Seat		
Buggy/Pushchair		
<b>Total</b>		

### Desirable Equipment:

Description	Price	Receipt / Invoice
Folding High Chair		
Travel Cot		
Baby Alarm		
Bouncing Cradle		
Bottle Sterilizer		
Other: eg, books, toys		
<b>Total</b>		

**NB: All equipment, whilst in the possession of the childminder, must be insured under the childminder's Home Insurance Policy.**