

# THE CHILDCARE ACCOUNT - CARER REGISTRATION FORM

- Please complete all the questions below and return to the appropriate parent with a copy of your OFSTED certificate for them to pass to their employer. Please telephone 0845 6076126 if you have any questions.

Parent Name ..... Name of Child.....

**1. Please confirm the type of childcare you are providing - Tick ONE type only**

<b>Type</b>		
Private Nursery	LA Authority/Community Nursery	Workplace Nursery
Private Nursery School	LA Authority/Community Nursery School	Voluntary Nursery School
Childminder	Nanny	Pre-School
Out of School Club	Holiday Play Scheme	Au Pair
Creche		

**2. Please tick which of the following bodies are your registered with?**

OFSTED (England) The Care Commission (Scotland)  
 Health & Social Services Trust (N. Ireland) The Care Standards Inspectorate (Wales)

**If you have ticked one of the above you MUST complete the following information:**

OFSTED or Appropriate Registration Number

Issue / Valid from Date <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">d</td> <td style="border: 1px solid black; width: 20px; text-align: center;">d</td> <td style="border: 1px solid black; width: 20px; text-align: center;">m</td> <td style="border: 1px solid black; width: 20px; text-align: center;">m</td> <td style="border: 1px solid black; width: 20px; text-align: center;">y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">y</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	d	d	m	m	y	y	y	y									Expiry date (if required)	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">d</td> <td style="border: 1px solid black; width: 20px; text-align: center;">d</td> <td style="border: 1px solid black; width: 20px; text-align: center;">m</td> <td style="border: 1px solid black; width: 20px; text-align: center;">m</td> <td style="border: 1px solid black; width: 20px; text-align: center;">y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">y</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	d	d	m	m	y	y	y	y								
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Name of Signatory ..... Position .....

Business Name & Address .....

Post Code.....Telephone No.....

**Childcare Provider Bank Details** (Only required if you are not already registered in our scheme).

Bank Name ..... Address .....

.....Post Code .....

Sort Code ..... Account No .....

Account Name .....

Child Reference ID to be quoted by us when making payments to your bank .....

For payment advice please provide your email address: .....

Or mobile for a text message .....

I declare that the information given above is correct.

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

