



GOVERNMENT OF SEYCHELLES
INSTITUTE OF EARLY CHILDHOOD DEVELOPMENT

**APPLICATION FOR THE REGISTRATION AND OPERATION OF
HOME-BASED CHILDMINDING SERVICES**

GUIDELINES

Your attention is drawn to the following:

- 1) **Institute of Early Childhood Development Act 2014**
- 2) **Institute of Early Childhood Development (National Standards on Childminding Regulations), 2016**

IMPORTANT

- 1) To avoid processing delays, please provide all the information requested.
- 2) Upon submission of completed Application Form to the Institute of Early Childhood Development (IECD), please make payment of the Registration Processing Fee of **SCR. 250.00**.

FOR OFFICIAL USE ONLY

	DATE
Presentation on Application form and other documents	
Appointment to return completed application form and related documents	
Submission of completed Application and related documents to SCO/MEO	
Payment of Registration Processing Fee	
Certificate of Registration issued to Childminder	

SECTION 1: OWNERSHIP, ADMINISTRATION AND MANAGEMENT OF THE ESTABLISHMENT

1.0 Business Name of the Childminding Service:

1.1 Location and full address of Childminding Establishment:

1.2 Indicate where the Childminding Establishment is being operated.

- a. Own house
- b. Rented premises solely for the operation of a Childminding Service
- c. Rented premises for dwelling purposes

If you have ticked (b) or (c), please attach a copy of any valid proof of authorization - a Letter, Lease Agreement or Change of Use Approval where applicable.

1.3 Business Proprietor (indicate as appropriate).

- a. Individual
- b. Partnership (Specify): _____

*If you have ticked **Individual** in 1.3 above, please complete Table 1.4 below.*

1.4 Personal Details of Owner.

a. Title (Please tick one or Specify)	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss.
b. First Name (s):	c. Surname:			
d. Date of Birth:	e. National Identity Number:			
f. Nationality:				
g. Business/Postal Address:				
h. District:	i. Sub- District (if applicable):			
j. Fixed Telephone Number:	k. Mobile:			
l. Email Address:				
m. Bank Account Details				
1. Full Bank Name: _____				
2. Bank Address: _____				
3. Account Holder's Name: _____				
4. Bank Account Number: _____				

*If you have ticked **Partnership** in 1.3, please complete the Table 1.5 below.*



1.5 Personal Details of Business Partner.

a. Title (Please tick one or Specify)	Mr.	Mrs.	Ms.	Miss.
b. First Name (s):	c. Surname:			
d. Date of Birth:	e. National Identity Number:			
f. Nationality:				
g. Postal Address:				
h. Home Telephone Number:			i. Mobile:	
j. Email Address:				
k. Education Background <i>Please indicate the highest level of education of your Business Partner.</i>				
1. Primary Level education <input type="checkbox"/>				
2. Secondary Level Education <input type="checkbox"/>				
3. Post – Secondary Level Education (NYS, Polytechnic, Post-Secondary Institutions) <input type="checkbox"/>				
4. University Level Education <input type="checkbox"/>				
5. Other training, specify: <input type="checkbox"/>				

1.6 Is the establishment or building where the childminding service is being offered, insured?

a. Yes

b. No

If yes, please provide details of existing insurance policy.

a. Type of Insurance: _____

b. Policy Number: _____

c. Validity Period: From _____ to _____

1.7 Nature of Application (Tick as appropriate)

a. Applying for the first time

b. Applying for re-registration

SECTION 2: SERVICE PROVISION

1.0 Indicate the operating days and time of service

Days of the Week	Operating Times	
	AM (Morning)	PM (Afternoon)

1.1 Indicate age range and number of children

a. Age group 3-12 months Yes No Total

b. Age group 1-4 years Yes No Total

c. Total No. of Children:

(Please provide details of children attending the childminding service in Annex 1)

1.2 Preferred Language Used:

a. Creole b. English c. French

d. Others (specify) _____

1.3 Community Partnership/ Involvement

1. Have you ever access national or community facilities and resources? Yes No

If yes, please provide details in the table below.

COMMUNITY RESOURCES	YES	NO	DON'T KNOW	FREQUENCY <i>(How often do you access)</i>
1. Kids Gathering Programme				
2. Baby Gym				
3. Community Playground				
Others, specify				
4.				
5.				
6.				

SECTION 3: STAFFING

1.0 Childminder's Education Background and Qualifications

1.1 Please indicate the education level and certificates obtained (if applicable).

		Level of Education		Certificates Obtained	
		Yes	No	Yes	No
1.	Primary				
	a. Completed				
	b. Not Completed				
2.	Secondary				
	a. Completed				
	b. Not Completed				
3.	Post-Secondary <i>(NYS, Polytechnic, Post-Secondary Institutions)</i>				
	a. Completed				
	b. Not Completed				

		Level of Education		Certificates Obtained	
		Yes	No	Yes	No
4.	University				
	a. Completed				
	b. Not Completed				
5.	Others, specify.				

2.0 Supporting Documents

The following documents should be submitted along with this application for registration purposes.

Please tick in the box to confirm that the documents have been enclosed.

- a. Certificate of pre-registration sensitization and training
- b. Suitability Check Record Document
- c. Criminal Record Document
- d. Medical Certificate
- e. Copy of National Identity Number Card
- f. Copy of Bank Card (with details of bank name, address and account number)
- g. 2 Passport Photographs
- h. Copies of other relevant certificates (if any)

3.0 Childminder's Assistant Education Background

3.1 Do you have an Assistant working with you at your establishment? **Yes** **No**

If yes, please complete the section below.

3.2 Personal Details of Childminder's Assistant.

a. Title (Please tick one or Specify)	Mr.	Mrs.	Ms.	Miss
b. First Name (s):		c. Surname:		
d. Date of Birth:		e. National Identity Number:		
f. Nationality:				
g. Postal Address:				
h. Home Telephone Number:			i. Mobile:	
j. Email Address:				

3.3 Education Background and Qualifications Obtained.

Please indicate highest level of education

1. Did not attend school and have no adult education:
2. Did not attend school but have some adult education:
3. Primary Level Education
 - a. Completed:
 - b. Not completed:
4. Secondary Level Education
 - a. Completed:
 - b. Not completed:
5. Post – Secondary Level Education (NYS, Polytechnic, Post-Secondary Institutions)
 - a. Completed:
 - b. Not completed:
6. University Level Education
 - a. Completed:
 - b. Not completed:
7. Other training, specify:

4.0 Assistant's Nature of Employment

Full-Time	Yes	No	Hours of work (From to)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Part-Time	Yes	No	Hours of work (From to)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

5.0 Details of Childminder's Assistant Salary

5.1 Monthly Salary: SCR _____

5.2 Date of Payment: _____ (e.g. on the 30th day of each month)

5.3 others, Specify _____

6.0 Supporting Documents

As a requirement for registration, the Childminder should provide the following supporting documents for the Assistant. Please verify the documents and tick to confirm that each of them have been enclosed with this application.

- A. Criminal Record Document
- B. Medical Certificate
- C. Copy of National Identity Number Card
- D. Copies of relevant certificates

SECTION 4: PHYSICAL ENVIRONMENT AND INFRASTRUCTURE

1.0 Floor level where childminding service is being offered.

- a. Ground floor
- b. First floor
- c. Both ground floor and first floor

1.1 Outdoor Facilities (Please tick where appropriate)

- a. Playing Area
- b. Fencing
- c. Access gate
- d. Soft ground
- e. Others (specify) _____

1.2 Indoor Facilities (Please tick where appropriate)

1. Furniture

- a. Child –sized chairs
- b. Child-sized tables
- c. Baby cot (s)
- d. Beds with mattresses
- e. Mattresses

2. Toilet and bathing facilities

- a. Child- sized toilet
- b. Adaptive toilet seats
- c. Adult toilet
- d. Bathing area
- e. Hot water supply
- f. Cold water supply

3. Educational/Play area

- a. Designated play area
- b. Soft flooring (mats, pillows, cushions)
- c. Baby gate/ barrier preventing access to the kitchen
- d. Baby gate/ barrier preventing access to outdoor area/balcony/verandah

4. Storage Facility

- a. Water tank with minimum 3 days water supply
- b. Treated water supply
- c. Storage for children’s personal belongings
- d. Storage for other supplies

- e. Others (specify) _____

1.3 Health and Safety

A. Equipment

1. First Aid Kit
2. Fire Extinguisher
3. Smoke Detectors
4. Manual Gong (Bell Fire)
5. Fire Exit Door
6. List of Emergency Contacts
7. Others (specify) _____

(Note: Existing Childminding Establishments are yet to put in place their emergency plans)

1.4 Do you have pets or other animals on the premises?

- a. Yes
- b. No

If yes, please complete the table below.

TYPES OF PET	QUANTITY	WHERE YOU KEEP THEM
1.		
2.		
3.		
4.		
5.		
6.		

(Note: Domestic or other animals should not have access to areas where children are being taken care of, or where children play, sleep or where food is prepared and consumed.)

SECTION 5: BACKGROUND INFORMATION ON OTHER PEOPLE RESIDING AT THE ESTABLISHMENT

1.0 Please provide details of ALL other people living on the premises where you are or intend to provide childminding services but who are not directly involved in the childminding service.

NAME	SURNAME	D.O.B	NIN	RELATIONSHIP TO YOU (E.G. SON, PARTNER, SISTER, HUSBAND, ETC.)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

1.2 Please provide details of your own children who is or will be attending your childminding service.

NAME	DATE OF BIRTH	NATIONAL IDENTITY NUMBER	GENDER M/F
1.			
2.			
3.			
4.			
5.			

DECLARATION

I certify that the information provided is complete and correct to the best of my knowledge and belief and I undertake that, as long as I continue to be a Childminder, I will notify IECD of any material changes affecting the completeness of this application within a reasonable period of time.

I fully understand that false or fraudulent statement or failure to disclose accurate information may render the application liable to be refused. If such irregularities are discovered subsequent to the issuance of the Certificate of Registration, IECD may revoke or vary the terms and conditions of the Certificate.

I understand and accept that IECD may wish to make enquiries - both now and on a continuing basis - to satisfy itself as to my initial and continuing fitness and properness. Accordingly, I authorise IECD to make such enquiries and seek such further information as it thinks appropriate in verifying the information given in this Application Form, or in other documents submitted as part of this application, for the purposes of performing its due diligence and background checks.

Signature of Childminder: _____ Date: _____

ANNEX1

DETAILS OF CHILDREN ATTENDING THE CHILDMINDING SERVICE

FULL NAME	AGE	D.O.B (dd/mm/yyyy)	GENDER (M/F)	NATIONAL IDENTITY NUMBER (NIN)	NAME OF PARENT (S)	PARENTAL ADDRESS	PARENTAL CONTACTS (WORKPLACE, FIXED LINE AND MOBILE)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

