

**SPECIAL NEEDS INCLUSION PLAYCARE SERVICE
CHILDCARE APPLICATION FORM FOR WORKING PARENTS**

Name of child/young person	
Age	
Date of Birth	
Parent/Carer	
Parent/Carer (if applicable)	
Address including postcode	
Home telephone number	
Mobile number	
Email address	
Nature of your child's disability	
School	
Support level at school (e.g. one to one, smaller teaching groups, mainstream)	
Any support needs/mobility	

Please indicate your ethnic origin (please tick appropriate box):

White		Asian		Black		Mixed		Other	
British	<input type="checkbox"/>	Indian	<input type="checkbox"/>	British	<input type="checkbox"/>	White & Black – Car	<input type="checkbox"/>	Yemeni	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	White & Black – Asian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Other White	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Chilean	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	Gypsy/ Roma	<input type="checkbox"/>

Details of Parent/Carers employer (if applicable):

Name of employer	
Address	
Telephone number	
Days and hours worked each week (e.g. Mon, Tues, Wed – 12 hours)	
Number of holiday days	

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Address	
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Number of holiday days	

Are you happy for us to contact your employer to confirm your working hours?

Yes

No

If not, please tell us why this might be difficult for you?

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Do you receive any of the services from the local authority? (eg. SNIPS, Direct Payments, Short Breaks grant)

Yes No

Does your child have an Education Health and Care Plan?

Yes No

If no, is your child currently undergoing an assessment?

Yes No

Have you checked your eligibility for child tax credits?

Yes No

Have you spoken to your employer regarding childcare vouchers?

Yes No

If you are already in receipt of a direct payment for child care please answer the following questions. (If this is a new application please ignore questions 1-9)

1. Name and address of your PA/Childminder

2. Is this person a member of your family?
If so, please tell us what relationship they are to you and the young person they are supporting?

3. How much are you paying your PA/Childminder (Note you need to break down how much the SNIPS service pays and how much you pay to the PA)

4. Who is your payroll provider?

5. Do you have employers liability insurance?

6. Has your PA received training for this role?

7. Does your PA have a current DBS (previously CRB) check?

8. a) Please tell us when your child needs to be looked after during the week?

b) Please tell us when your child needs to be looked after during the school holidays?

9. Is there any further information you would like to share with us?

This service is aimed towards families who look after a child or children who have additional support needs and where it has been difficult to locate appropriate child care in the city to enable parent/s to work or access full time education. The following questions are to understand more about your child care arrangements.

1. What steps have you taken to secure child care for your child/young person?

2. Please tell us about the child care providers that you have approached and the reasons given to you why that service is not appropriate for your child/young person?

It is anticipated that you will have approached at least 3 providers.

If you are considering meeting your child care needs through the employment of a PA (Personal Assistant) you will need to ensure you have opened a separate bank account for all your payments for auditing purposes, provide employers liability insurance and chosen a payroll provider (local authority will fund these) Personal Assistants cannot be paid in cash.

We will only consider a child care contribution to family members in exceptional circumstances and only with the approval of the Service Manager of the Children, Young People and Families CDT service.

Please be aware that the child care Direct Payments are only available whilst your child or young person is under the age of 18. The financial contributions towards child care from the children’s service will end on your child’s 18th birthday.

If you wish to discuss anything regarding this application form then please do not hesitate to contact either Laura Barnes or Rebecca Critchley on 0114 2735368

If this application is formed part of a review, we will consider the information provided and contact you if required.

I confirm that the above sessions will be used for childcare purposes while I am at work

I give permission for SNIPS to contact my child's school to discuss any extra support

Signature:

Relationship to child / young person:

Date:

Addendum

As part of our ongoing work with your family we may need to liaise with other agencies regarding your child's additional support needs. We will also need to share your children's Getting to Know Me and Working with Me documentation with the relevant staff working with your child to ensure that your child receives a safe and good quality service.

Please sign below to give us your permission to liaise with other agencies if applicable and to share your child's Getting to Know Me and Working with Me documents with the relevant members of staff working with your child.

Signed:

Relationship to child / young person:

Date:

Please return to:
Special Needs Inclusion Playcare Service
Floor 6 Moorfoot Building
Sheffield
S1 4PL