

For office use only

DATE RECEIVED:	PAYMENT REFERENCE:	MEMBERSHIP NO:	ASST MEMBERSHIP NO:	PUBLICATIONS

APPLICATION FOR MEMBERSHIP

Annual Membership Fee (new member)	£135.00	<input type="text"/>
Standard Renewal Fee (existing member)	£125.00	<input type="text"/>
Loyalty Renewal Fee (member continuously for 7 years or more)	£115.00	<input type="text"/>
Assistant Membership Fee [optional](for additional member at same address)	£32.50	<input type="text"/>

If this is your first membership and you have previously purchased NICMA policies at £25.00 please supply the receipt number:

IMPORTANT: You must submit proof of your registration, without it we cannot complete the application process.
PLEASE DO NOT SEND US YOUR ORIGINAL CERTIFICATE OF REGISTRATION

<p>Please state the month in which you wish your membership to commence: Membership runs for 12 months 1st _____ 20____ (month) (year)</p>	<p>PAYMENT OPTIONS Option 1 Payment in full at time of application. (this can be done using cash, a cheque, a credit/debit card online using PayPal or over the phone) Option 2 Payment by instalments using a credit/debit card or postdated cheques. (Please call the office for more information on instalment payments) NB: A £20 admin fee will be added to the first instalment when choosing Option 2.</p>
<p>BUSINESS NAME (if applicable) _____</p> <p>YOUR NAME _____</p> <p>ADDRESS _____</p> <p>POSTAL TOWN _____</p> <p>POSTCODE _____</p> <p>IS THERE AN ALTERNATIVE BT AREA FROM WHICH YOU COULD ALSO CARE FOR CHILDREN FROM? BT _____</p> <p>TELEPHONE NUMBER _____</p> <p>MOBILE TELEPHONE NUMBER _____</p> <p>EMAIL ADDRESS _____</p> <p><i>Please note that by providing us with an email address you are choosing to receive correspondence from NICMA by email and enabling us to provide you with access to the members area of our website.</i></p> <p>*NATIONALITY _____</p> <p><i>*Please note that this information will be used for statistical purposes only</i></p> <p>DO YOU WORK WITH AN ASSISTANT Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>ASSISTANT NAME _____ [if applicable (see fee above)]</p>	<p>Please send me the following publications with my Membership Pack:</p> <p><input type="checkbox"/> Value Pack (both publications below) £15.00 (inc. p&p)</p> <p>OR</p> <p><input type="checkbox"/> Cash & Attendance Register £14.00 (inc. p&p)</p> <p><input type="checkbox"/> Accident / Incident Record Book £ 5.75 (inc. p&p)</p> <p>All publications are also available to purchase on the NICMA website: www.nicma.org</p>
<p>Card No. _____ / _____ / _____ / _____ Issue No. _____</p> <p>Start Date: ____ / ____ Expiry Date: ____ / ____ Security No. _____</p>	<p>Please indicate if you have already paid for membership either by phone or online.</p>
<p><i>If you have already made payment for your membership please DO NOT fill in card details above.</i></p>	<p>Paid online: Date: ____/____/____</p> <p>Paid by Phone: Date: ____/____/____</p>

TO PROVIDE YOU WITH A QUALITY SERVICE PLEASE COMPLETE ALL OF THE FOLLOWING:

	Under Compulsory School Age / under 5	Over Compulsory School Age / over 5
Enter the number of children you are registered to care for: <i>(refer to your registration certificate)</i>		
Enter the number of children you are currently minding:		
Enter the number of vacancies you wish to fill: <i>(it will be assumed if vacancy boxes are left blank that you have no vacancies to fill)</i>		
Do you wish to be included on our Childminding Vacancy Database? <i>(if no your name will <u>not</u> be given out to parents by NICMA and your web profile will not be displayed on NICMA's website)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

	Yes	No
Do you collect children from school/playgroup?		
Do you currently care for a child with a special need/disability?		
If not, would you be interested in offering care for child with a special need/disability?		

	Date Childminder Completed	Date Assistant Completed
Safeguarding Children	___ / ___ / ___	___ / ___ / ___
Health & Safety	___ / ___ / ___	___ / ___ / ___
Paediatric First Aid (12 hours or 6 hours refresher)	___ / ___ / ___	___ / ___ / ___

DECLARATION OF VALIDITY

I declare that the enclosed registration certificate is currently valid and that I have not been issued with any amendment. I will forward any amended certificate to NICMA should the need arise and I will notify NICMA if my registration becomes invalid during my membership year.

Signed: _____ Date: _____ (Childminder)

Signed: _____ Date: _____ (Assistant)

NICMA reserves the right to refuse any application for membership if the information supplied is found to be inaccurate or the terms of registration are under investigation. NICMA membership is open to those registered persons who agree to abide by the policies of NICMA and not to bring NICMA into disrepute.

Please return to:
NICMA – the Childminding Association
16-18 Mill Street, Newtownards, BT23 4LU
(remember to include a copy of your most recent Registration Certificate (from the Trust) and your payment)