

For office use only

DATE RECEIVED:	PAYMENT REFERENCE:	MEMBERSHIP NO:	PUBLICATIONS
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APPLICATION FOR MEMBERSHIP (WHSCT) FORM A

New Membership Fee	£125.00	<input type="text"/>
Renewal Fee	£115.00	<input type="text"/>
Loyalty Renewal Fee (continuous membership for 7 years or more)	£105.00	<input type="text"/>

IMPORTANT: YOU MUST SUBMIT PROOF OF REGISTRATION. PLEASE DO NOT SEND US YOUR ORIGINAL CERTIFICATE OF REGISTRATION

About You

<p>Please state the month in which you wish your membership to commence: Membership runs for 12 consecutive months 1st _____ 20_____ (month) (year)</p>	<p>Please send me the following publications with my Membership Pack:</p> <p><input type="checkbox"/> My Childminding Policies £17.00</p> <p><input type="checkbox"/> Value Pack (both publications below) £20.00</p> <p>OR</p> <p><input type="checkbox"/> Cash & Attendance Register £18.00</p> <p><input type="checkbox"/> Accident / Incident & Medication Record Book £8.50</p> <p><input type="checkbox"/> VisitorsBook £5.00</p> <p>All publications are also available to purchase on the NICMA website: www.nicma.org</p>
<p>CCP Number _____</p> <p>BUSINESS NAME _____</p> <p>YOUR NAME _____</p> <p>ADDRESS _____</p> <p>POSTAL TOWN _____</p> <p>POSTCODE _____</p> <p>NATIONALITY _____ <i>Please note that this information will be used for statistical purposes only</i></p> <p>PREFERRED CONTACT NUMBER _____ <i>Should you provide us with a mobile number we will use this to text you important details about your NICMA Membership.</i></p> <p><i>Would you also like to receive other information (including events in your area)?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>EMAIL ADDRESS _____</p> <p><i>Would you like to receive updates relating to NICMA Policies, Training Courses and other membership services by email?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>DO YOU WORK WITH AN ASSISTANT? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>ASSISTANT NAME _____</p> <p>Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/></p>	

Preferred number for NICMA to contact for payment	
<p>Option 1</p> <p>Payment in full at time of application <input type="checkbox"/></p>	<p>Option 2</p> <p>Payment by instalments <input type="checkbox"/> (Please call the office for more information)</p>

About Your Business

	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 not 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"/>	
IS THERE AN ALTERNATIVE BT AREA FROM WHICH YOU COULD ALSO CARE FOR CHILDREN FROM?	BT _____	

	Yes	No
Do you collect/pick up children?		
Do you currently care for a child with an additional need/disability?		
If not, would you be interested in offering care for child with an additional need/disability?		
Would you be interested in offering:		
• A short term childminding service for parents?		
• An emergency childminding service for parents?		

	Date Childminder Completed	Date Assistant Completed
Safeguarding Children	___/___/___	___/___/___
Health & Safety	___/___/___	___/___/___
Paediatric First Aid	___/___/___	___/___/___

DECLARATION

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. I also agree to the terms and conditions regarding the use of my personal data as outlined in NICMA's Privacy Policy (available at www.nicma.org)

Signed: _____ Date: _____ (Childminder)

Signed: _____ Date: _____ (Assistant)

NICMA reserves the right to refuse/terminate any membership if the information supplied is found to be inaccurate or the terms of registration are under investigation.

Please return to:
NICMA – the Childminding Association
 Elizabeth House
 116-118 Hollywood Road
 Belfast
 BT4 1NU.