

**For office use only**

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

New Membership Fee	£115.00	<input type="text"/>
Renewal Fee	£105.00	<input type="text"/>
Loyalty Renewal Fee (continuous membership for 7 years or more)	£95.00	<input type="text"/>
Assistant Membership Fee [optional]	£12.50	<input type="text"/>

If this is your first membership and you have previously purchased NICMA policies at £29.00 please supply the receipt number:

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

**About You**

<p><b>Please state the month in which you wish your membership to commence:</b>  <i>Membership runs for 12 consecutive months</i> 1<sup>st</sup> _____ 20____          (month) (year)</p> <p><b>CCP Number</b> _____</p> <p><b>BUSINESS NAME</b> _____</p> <p><b>YOUR NAME</b> _____</p> <p><b>ADDRESS</b> _____</p> <p><b>POSTAL TOWN</b> _____</p> <p><b>POSTCODE</b> _____</p> <p><b>NATIONALITY</b> _____  <i>Please note that this information will be used for statistical purposes only</i></p> <p><b>PREFERRED CONTACT NUMBER</b> _____  <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><b>EMAIL ADDRESS</b> _____</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><b>DO YOU WORK WITH AN ASSISTANT?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>ASSISTANT NAME</b> _____</p> <p style="text-align: center;">Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/></p>	<p>Please send me the following publications with my Membership Pack:</p> <p><input type="checkbox"/> My Childminding Policies  <b>£14.00 (inc. p&amp;p)</b></p> <p><input type="checkbox"/> Value Pack          (both publications below)  <b>£18.00 (inc. p&amp;p)</b></p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Cash &amp; Attendance Register  <b>£16.00 (inc. p&amp;p)</b></p> <p><input type="checkbox"/> Accident / Incident &amp; Medication Record Book  <b>£7.75 (inc. p&amp;p)</b></p> <p><input type="checkbox"/> VisitorsBook  <b>£4.50 (inc. p&amp;p)</b></p> <p>All publications are also available to purchase on the NICMA website:  <a href="http://www.nicma.org">www.nicma.org</a></p>
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Preferred number for NICMA to contact for payment .....

**Option 1**

Payment in full at time of application

**Option 2**

Payment by instalments   
 (Please call the office for more information)

# About Your Business

	Under Compulsory School Age / under 5	Over Compulsory School Age / over 5
<b>Enter the number of children you are registered to care for:</b> <i>(refer to your registration certificate)</i>		
<b>Enter the number of children you are currently minding:</b>		
<b>Enter the number of vacancies you wish to fill:</b> <i>(it will be assumed if vacancy boxes are left blank that you have no vacancies to fill)</i>		
<b>Do you wish to be included on our Childminding Vacancy Database?</b> <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"/>	
<b>IS THERE AN ALTERNATIVE BT AREA FROM WHICH YOU COULD ALSO CARE FOR CHILDREN FROM?</b>	BT _____	

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

	Date Childminder Completed	Date Assistant Completed
<b>Safeguarding Children</b>	___/___/___	___/___/___
<b>Health &amp; Safety</b>	___/___/___	___/___/___
<b>Paediatric First Aid</b>	___/___/___	___/___/___

## 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](http://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.