Name of Service:								
Tel No.								
Service Address:								
Language of service: (English, Welsh, Both)								
Service Sub-type:								
Organisation Name:								
Organisation Type:								
Organisation Tel No:								
Company Address:								
Registered Person or Responsible Individual (Org only)								
Disclosure and Barring Service Check								
Must be an enhanced							ed list	
One of the following	DBS is less than 3 months old							
must apply please tick	Sign	igned up to update service						
	(you chec	must have sight of the DBS to complete the update						
		Int Nation						
	(Ider	tification Verifi	cation C	neck)				
		Offi	ce Use	Only				
Action			Yes	No				
Medical Reference								
Social Services Reference (only for RP)								
References: (including previous / current employer – check appl		k application)						
1.		π αμμισαιση						
2.								

Person in Charge							
Disclosure and Barring Service Check Must be an enhanced certificate and checked against the children's barred list							
One of the following must	DBS is less than 3 months old						
apply please tick	(you	Signed up to update service (you must have sight of the DBS to complete the update check)					
	Vibrant Nation (Identification Verification Check)						
For Office use only							
Action	Yes	No					
Medical Reference submitted							
References: (including previous / current employer – check application)							
1.							
2.							

Received with application	Yes	No
Application Part 1		
Application Part 2		
CORE DOCUMENTATION	Yes	Νο
Statement of Purpose		
Special Needs Policy		
Confidentiality Policy		
Behaviour Management Policy		
Medication Policy		
Lost/Missing/Not Collected Procedure		
First Aid Certificates (Paediatric)		
Staff Disciplinary Procedure		
Equal Opportunities Policy		
Operational Plan		
Complaints Procedure		
Child Protection Policy		
Fire and Accident Procedure		
PREMISES	Yes	No
Plan of Premises		
Letter from Landlord confirming consent to use		
Copy of Building Control approval		
(new build only)		
Insurance Certificates (public and building) – you don't need this at submission but must be provided prior to determination of your application.		
Risk Assessment of the Premises		
Certificate of Liability Insurance		
For an Organisation	Yes	Νο
Copies of last two annual reports.		
(If any)		

The last annual accounts		
(if any)		
Unincorporated Body (Committee)	Yes	No
List of committee members		
Responsible Individual / Registered Person /	Yes	No
Recent photograph		
Suitability Questionnaire		
Evidence of Qualification		
Birth Certificate		
Proof of ID		