

Blacktown Roving Child Care

**REQUEST FORM**

Term \_\_ /20\_\_\_\_

Please forward completed forms to [**donna@bacc.org.au**](mailto:donna@bacc.org.au)

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| **CONTACT DETAILS** | |
| Name: | |
| Organisation: | |
| Public Liability Policy number: | |
| Phone: | \*Mobile: |
| Email: | |
| *\*Please ensure you include a mobile phone number in case of emergencies* | |

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| **GROUP DETAILS** | | | | | | | | | |
| Group/activity Name: | | | | | | | | | |
| Description: | | | | | | | | | |
| Day of the week *(pleas circle)* | MON | TUE | | WED | THU | FRI | SAT | | SUN |
| Venue address: | | | | | | | | | |
| Dates required: | | | | | | | | | |
| Times required: | | | | | | | | | |
| Total number of sessions: | | | Frequency *(please circle)* | | | weekly | | fortnightly | |
| ***Ages of children requiring care:* (STAFF: CHILD RATIOS – 1:4 for 0-2 year olds. 1:8 for 2-3 year olds. 1:10 for 3-5 year olds)**  How many 0-2 year olds require childcare? \_\_\_\_\_ How many 2-3 year olds require childcare? \_\_\_\_\_  How many 3-5 year olds require childcare? \_\_\_\_\_ | | | | | | | | | |

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| **PAYMENT INFORMATION** | | | | |
| Are you applying for free childcare? *(please circle)* | | Yes | | No |
| If yes, please specify *(please circle)* | Targeted Earlier Intervention Program (TEIP) | | Communities for Children (C4C) | |
| If no, please provide details for payment:  Contact Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| *Office use only*  *Application successful? Yes / No Confirmation email (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Name of Educator allocated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Funding Code: TEIP C4C CSP*  *Name of Educator allocated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Funding Code: TEIP C4C CSP*  *Case ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Invoice sent (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | |

For further information please contact [**donna@bacc.org.au**](mailto:donna@bacc.org.au) or **9626 5312**

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| **CONDITIONS OF USE** |
| 1. Childcare is only available to not for profit and/or community organisations |
| * Located in the Blacktown local government area |
| * Delivering services in the Blacktown local government area |
| 2. Parents and carers of children attending childcare MUST |
| * Remain on the premises |
| * Inform the Educator if their child is sick or has allergies |
| * Retain the duty of care of the child |
| * Complete the attendance sheet when arriving and departing |
| * Provide a healthy snack and drink |
| * Provide a clean change of clothing |
| * Dress the child appropriately for play |
| 3. Toileting and medication policy |
| * It remains the duty of the parent or carer to attend to their child’s toileting needs, this includes nappy changes |
| * It remains the duty of the parent or carer to administer medications to their child |
| 4. Public Liability Insurance |
| * All organisations must provide a copy of their Public Liability ‘Certificate of Currency’ |
| * All venues will be checked by the Coordinator for suitability. The Coordinator reserves the right to deem a venue unsuitable |
| * Venues will be checked periodically by the Coordinator |
| 5. Childcare requests |
| * Must be received by the closing date |
| * Late requests may not be successful |
| * Only one request per form will be accepted |
| * Request forms must be completed correctly |
| * Incomplete forms will not be accepted |
| * Request forms must state the number of children and their ages |
| * The Coordinator will inform the service if their request is approved as soon as possible after the closing date |
| 6. Staff to child ratios |
| *1 : 4 in respect of all children who are under the age of 2 years*  *1 : 8 in respect of all children who are 2 or more years of age but under 3 years of age*  *1 : 10 in respect of all children who are 3 or more years of age but under 6 years of age*   * If the group is of mixed ages the youngest age child determines the ratio * If group sizes go above the regulations or become larger than originally stated on the request form it is the responsibility of the service user to supply another worker or volunteer |

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| I have read and agree to the above conditions of use | |
| Print Name: | |
| Signature: | Date: |