

Blacktown Roving Child Care

**REQUEST FORM**

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

Please forward completed forms to **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** 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
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| 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’
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| * All venues will be checked by the Coordinator for suitability. The Coordinator reserves the right to deem a venue unsuitable
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| * Venues will be checked periodically by the Coordinator
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| 5. Childcare requests |
| * Must be received by the closing date
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| * Late requests may not be successful
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| * Only one request per form will be accepted
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| * 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: |