



## **Childminding Ireland Medical Clearance Form for Registered Childminders**

Name of Applicant: \_\_\_\_\_

(Please use block lettering)

Does not appear to suffer from any medical condition, disability or addiction which would make her/him unsuitable to provide a Childminding service from her/his own home.

Signature of Doctor: \_\_\_\_\_

Doctor's Stamp

Address of surgery: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone no (including prefix) : \_\_\_\_\_ Date:        /        /

### **Childminder Declaration:**

Neither I nor any of my family has ever been charged or convicted with/of any offence in relation to a child, or any other offence in relation to the possession or use of any illegal drug. None of my children have ever been taken into the care of any Statutory Authority.

I will manage Children's behaviour in a manner which is respectful, non- threatening and having due regard for their general safety and wellbeing.

I will comply with the Regulations for Pre-School Services for children, as set out in the 1991 Childcare Act and will notify the HSE if I provide or intend to provide childcare for 4 or more unrelated pre-school children.

I understand that current Childminding insurance is a requirement of Registered and Notified Membership of *Childminding Ireland* and agree to keep it current and valid at all times.

Childminder signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Phone no (including prefix): \_\_\_\_\_ Date:        /        /