



CHILDCARE START UP GRANTS
2010-2011

*Please complete this form clearly in **BLACK INK USING BLOCK CAPITALS** as it will be photocopied. The information provided in this form is needed to satisfy the monitoring requirements of the Partnership. It is essential that you answer all questions fully. Incomplete forms will not be considered. If you require help in completing your application please contact the office.*

NAME OF THE SETTING / ORGANISATION	
ADDRESS OF THE SETTING / ORGANISATION	
POSTCODE	
TELEPHONE NUMBER:	
WEBSITE ADDRESS	
E-MAIL ADDRESS	

NAME OF MAIN CONTACT / RESPONSIBLE INDIVIDUAL	
POSITION WITHIN THE ORGANISATION / SETTING	
ADDRESS OF MAIN CONTACT	
POSTCODE	
TELEPHONE NUMBER (S)	
E-MAIL ADDRESS	

LEGAL STATUS	DETAILS
Registered Charity	
Company limited by guarantee	
Voluntary organisation	
Other eg Private (Please specify)	

REGISTRATION	
Please note the date you sent your full application to the Care and Social Services Inspectorate for Wales. (This will be followed up)	
Name of allocated inspector?	
Proposed date for opening?	

INFORMATION ABOUT YOUR PROVISSION	
Please tick the type of provision you will provide.	
Play Group / Cylch Meithrin <input type="checkbox"/>	Nursery <input type="checkbox"/>
Out of School Club <input type="checkbox"/>	Play scheme <input type="checkbox"/>
Approximately how many childcare places are you intending to register?	
Under 2 <input type="checkbox"/>	2 years <input type="checkbox"/>
3 – 7 years <input type="checkbox"/>	7 + <input type="checkbox"/>
Total number of children <input type="checkbox"/>	
What will be the main language spoken in the provision?	
Welsh <input type="checkbox"/>	English <input type="checkbox"/>
	Bilingual <input type="checkbox"/>
Other <input type="checkbox"/>	

Please state the days will be operating

Monday Tuesday Wednesday Thursday

Friday Saturday Sunday

Term time only Open during half term only

Opened during all school holidays

Please indicate opening hours

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

How many staff members do you intend to employ:-

Full time Part time

Who will you become members with:-

Mudiad Ysgolion Meithrin Wales pre-school Playgroups Association

Clybiau Plant Cymru Kids' Club National Day Nursery Association

BUSSINES BANK ACCOUNT DETAILS	
Bank name and full address	
Account name	
Account numbers	
Sort Code	

HAVE YOU SECURED FUNDING FROM OTHER SOURCES PLEASE PROVIDE DETAILS.		
Source	Date	Amount

HAVE YOU UNDERTAKEN REASERCH FOR THE NEED OF THIS PROVISION IN THE AREA? Please give a brief description how and what the outcomes were. (PLEASE ENCLOSE ANY SUPPORTING DOCUMENTS WITH THIS FORM)
<p>(The Carmarthenshire Children’s Partnership Childcare Sufficiency Assessment October 2008 can help you with this, a copy is available via the Children’s Partnership web site)</p>

DECLARATION

I /we wish to apply for the Start up Grant in support of the provision outlines within the application form.

I /we agree to supply any further information that may be requested and understand that any expenditure will have to be in accordance with this application and will be subject to monitoring.

I /we are the authorised person to submit this application on behalf of the organisation.

Name.....

Position within the provision / organisation

Signed..... Date.....

Please sign below that you have read and agree to the Condition of the grant.

I/we _____ have read and agree to the conditions of the grant.

Name :-.....

Signed:-..... Date.....

ALL COMPLETED FORMS SHOULD BE RETURNED TO:-

**Avril Chambers
Children's Partnership
Building 2
St David's Park
Jobs Well Road
Carmarthen
SA31 3HB**

