

**Forms of ID acceptable for The Developmental Programme For 2-3 Year Olds Expression of Interest.**

**The following proof of age and 2 proof of addresses will be required should you be offered a place**

ESSENTIAL REQUIREMENT	2 ITEMS FROM LIST BELOW
<input type="checkbox"/> Original birth certificate issued at time of birth	<input type="checkbox"/> Current UK Driving licence (full or provisional) including paper copy.  <p align="center"><b>ALL THE DOCUMENTS BELOW MUST BE DATED WITHIN THE LAST 3 MONTHS.</b></p> <input type="checkbox"/> Utility Bill - electric, gas, landline <input type="checkbox"/> Benefit statement or letter - Income support, tax credits, job seekers employment & support allowance, housing benefit <input type="checkbox"/> Addressed payslip <input type="checkbox"/> Mortgage statement <input type="checkbox"/> P45/60 statement <input type="checkbox"/> Land and Property Services Agency rates demand <input type="checkbox"/> Doctor/hospital appointments for parent, child or siblings

Please note: Bank statements, mobile phone & directory bills **WILL NOT** be accepted

**Please note the closing date for completed Expression of Interest Form is Friday 12<sup>th</sup> June 2020 @ 4.30pm**

**SPLASH SURESTART**  
**Developmental Programme for 2-3 Year Olds**  
**Expression of Interest Form**

The Splash SureStart Developmental Programme for 2-3 Year Olds is one of a wide range of Programmes which Splash SureStart offers to families in your local area.

There are a limited number of places on the Programme. These will be offered to children and parents who can benefit most from participation in the Programme.

**Submission of this Expression of Interest is not a guarantee of a place on the programme.**

The Splash SureStart Developmental Programme for 2-3 Year Olds runs from September – June.

To be considered for the programme:

- Children must be a minimum of 2 years of age on 2<sup>nd</sup> July of the intake year.
- Children must live within the Splash SureStart area. **Drumgor, Drumgask, Drumnamoe, Taghnevan, Church, Court, Woodville 1, Parkmore Estate and Mourneview.**
- The Family must be registered with the SureStart Project prior to commencement of the programme.
- Parents must commit to ensuring their child will attend on a regular basis (minimum of 80% attendance)
- Parents must agree to attend regular Stay and Play sessions (minimum 80% attendance) and accept home visits

**NOTE:** All information provided will be treated in the strictest of confidence. In accordance with the Data Protection Act 1998, Splash SureStart are obliged to ensure that your information is accurate and up to date. We may use the information provided on this form to update your family details currently held on our secure database.

Childs Details			
Name	Date of Birth	Male ~ Female <input type="checkbox"/> <input type="checkbox"/>	Languages Spoken
First Parent/Carer		Second Parent/Carer (if applicable)	
Name	Name		
D.O.B.	D.O.B.		
Address	Address		
Post Code:	Post Code:		
e-mail address:	e-mail address:		
Phone Numbers Home	Phone Numbers Home		
Mobile	Mobile		
Are you a single parent?      Yes <input type="checkbox"/> No <input type="checkbox"/>			

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What do you hope you and your child will gain from taking part in this programme?

Does your child have a disability or developmental delay? If yes, is it

Queried       Awaiting Diagnosis       Has been Diagnosed

Details:

Do you have any concerns or worries about your child's health or development? Please provide details if Yes.

Please tick if your child is supported by any of the following professionals:

- Consultant Paediatrician (Name and Contact Details \_\_\_\_\_)
- Speech and Language Therapy (Name and Contact Details \_\_\_\_\_)
- Behaviour Management (Name and Contact Details \_\_\_\_\_)
- Health Visitor (Name and Contact Details \_\_\_\_\_)
- Occupational Therapist (Name and Contact Details \_\_\_\_\_)
- Social Worker (Name and Contact Details \_\_\_\_\_)
- Physiotherapist (Name and Contact Details \_\_\_\_\_)
- Dietician (Name and Contact Details \_\_\_\_\_)

Other \_\_\_\_\_ (Name and Contact Details \_\_\_\_\_)

Do you give permission for us to discuss your child's progress with the above-named professionals?  
(insert a ✓)

YES       NO

Is your child known to Social Services?      Yes       No

If yes, which team? \_\_\_\_\_ Name of Social Worker \_\_\_\_\_

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**Information in relation to the IMMEDIATE Family**

Does any family member living with the child have any Disability/Mental Health issues or addiction?  
Please provide details if Yes

Details of other children in the family:

Child 1: Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Child 2: Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Child 3: Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Child 4: Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Child 5: Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Child 6: Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**VENUE: Please note only ONE venue can be applied for**

**Please indicate what programme you are applying for: -**

Church of Nazarene AM – Wed, Thurs, Fri 9:30 – 12:00

Church of Nazarene PM – Mon, Tues, Wed, 13:30 – 16:00

Church of Nazarene MIXED – Mon & Tues 9:30 – 12, Thurs 13:30 – 16:00

The Hub – Mon, Tues, Wed 13:30 – 16:00

Drumellan – Mon, Tues, Wed 9:30 – 12:00

  
  
  
  

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## **Supporting Statement**

Supporting Statement (From SureStart Team Member or other relevant Professional). If you require a statement from a SureStart Team Member please email the appropriate staff member and they will provide the necessary statement. If you have difficulty with contacting other relevant professionals, please let us know and we will offer guidance and support regarding contact.

The programme is suited to all two-three year olds but in particular those children whose development may be compromised by social, emotional, environmental or physical factors. Please note when completing this statement, the response needs to clearly demonstrate how the programme will meet the child's needs. Please include as much information as possible in relation to the child's development and how it may be compromised. For example, if a parent has a disability, the statement must reflect how this affects the child and how the programme can be used to support the child. Parents must co-sign all information provided.

**NB: This section will not require completion by all families. A parent cannot complete this section.** Please use only one sheet. Parents must co-sign all information provided:

Name of person providing statement:	Job Title:
Address:  Post Code:	Phone Number:
Statement:	
Signature of person providing Statement	Signature of parent/carer
Date	Date

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Declaration by Parent/Carer (insert ✓)

- I confirm that all information provided is accurate
- I confirm that my child will be 2 years of age on or before 2<sup>nd</sup> July of the intake year.  
DOB between 02/07/17- 01/07/18
- I confirm that my child lives within the Ward areas covered Splash SureStart.
- I confirm that my family is registered with Splash SureStart.
- I confirm that I am prepared to participate in the programme by committing to attend Stay and Play and Workshop sessions and accept Home Visits to discuss my child's progress.
- I confirm that I will ensure that my child has a minimum of 80% attendance on the programme
- I confirm that I will attend a minimum of 80% of the Stay and Play sessions.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Carer)

**Please ensure all contact details are included and correct. Make sure to include a valid email address where possible as this is our preferred method of contact.**

**If you do not receive an email confirming receipt of your Expression of Interest form within 5 working days, please email [info@splashsurestart.org](mailto:info@splashsurestart.org) or call our office on 028 38 313360 and leave a message after the tone.**

**Please submit a copy of the completed Expression of Interest Form on or before Friday 12th June 2020 at 4.30pm to:**

***Mary Boyce  
Splash SureStart  
Office 1, First Floor  
Legahory Centre  
Craigavon  
BT65 5BE***

**Late Expression of Interest Forms will not be accepted**

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