

**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**

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

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



SPLASH SURESTART

Developmental Programme for 2-3 Year Olds

Expression of Interest Form

Splash SureStart

Office 1, First Floor,

Legahory Centre,

Craigavon BT65 5BE

028 38 313360

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’s Date of Birth must fall between 02/07/2021 and 01/07/2022
* 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 General Data Protection Regulation, 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.

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| **Childs Details** | | | |
| Name | **Date of Birth**:  Male  Female | | Languages Spoken |
| **First Parent/Carer** | | **Second Parent/Carer (if applicable)** | |
| Name  D.O.B. | | Name  D.O.B. | |
| Address  Post Code:  **e-mail address**: | | Address  Post Code:  **e-mail address:** | |
| Phone Numbers  Home  Mobile | | Phone Numbers  Home  Mobile | |
| Are you a single parent? Yes No | | | |
|  | | | |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **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 select 2 venues in order of preference. 1 - Option 1 (1st preferred option)***  **2 – Option 2 (2nd preference option)**  **Please indicate what preference you prefer: -**  Church of Nazarene AM - Wed, Thurs, Fri 9:30 – 12:00  Church of Nazarene MIXED - Mon & Tues 9:30 – 12:00, Thurs 13:30 – 16:00  The Hub - Mon, Tues, Wed - 13:30 – 16:00  St Peters AM Sports and Recreational GAA/GAC Centre- Mon, Tues, Wed - 9.30 – 12.00  St Peters PM Sports and Recreational GAA/GAC Centre- Mon, Tues, Wed - 1.30 – 16.00    PLEASE NOTE - YOU MAY NOT GET YOUR FIRST PREFERENCE OF VENUE | | | |

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| Supporting Statement (From SureStart Team Member or other relevant Professional.)  The programme is suited to all two-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: |

***Supporting Statement***

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| --- | --- |
| Name of person providing statement: | Job Title: |
| Address:  Post Code: | Phone Number: |
| Statement: | |
| Signature of person providing Statement  Date | Signature of parent/carer  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 2nd July of the intake year.   DOB between 02/07/21- 01/07/22   * 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.**

**It is important to include a valid email address where possible as this is our preferred method of contact.**

**Please submit a copy of the completed Expression of Interest form on or before Friday 26th April at 4pm to:**

***Splash SureStart***

***Office 1, First Floor***

***Legahory Centre***

***Craigavon***

***BT65 5BE***

**Late Expression of Interest Forms cannot be accepted.**