

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">ALL THE DOCUMENTS BELOW MUST BE DATED WITHIN THE LAST 3 MONTHS.</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 2nd May 2025@ 4pm

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 applying must be born between: **02/07/22 – 01/07/23**
- 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.

Childs Details		
Name	Date of Birth: Male <input type="checkbox"/> Female <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	

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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

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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 (preferred option)
2 – Option 2 (2nd preference)**

Please indicate what programme you are applying for: -

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

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

The Hub - Mon, Tues, Wed – 1.30 – 16:00

St Peters Sports and Recreational GAA/GAC Centre- Mon, Tues, Wed - 9.30 – 12

St Peters Sports and Recreational GAA/GAC Centre- Mon, Tues, Wed - 1.30 – 4.00

PLEASE NOTE - YOU MAY NOT GET YOUR FIRST PREFERENCE OF VENUE

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Supporting Statement (Relevant Professional.) Surestart Staff members unfortunately will not be able to provide a statement. 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

Name of person providing statement:	Job Title:
Address:	Phone Number:
Post Code:	
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 DOB is between **02/07/22 – 01/07/23**.
- 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 2nd May by 4.00pm to:

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

Late Expression of Interest Forms cannot be accepted.

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