

## **Department of Health**

## DAY CARE CENTRE PERSONNEL APPLICATION FORM V.3 (2023)

## **SECTION A: DOCUMENTATION REQUIREMENTS**

- Photos of Documents are NOT Accepted
- Degree's supported by Transcripts are required for **PROOF** of Early Childhood Education
- New Staff to the Field (no CCRP qualification letter)
  - <u>Change of Information Form</u> and <u>Application Form</u> must be submitted immediately (within 24 hours) and <u>Child to Staff Ratio Form</u> must be submitted to the CCRP within the <u>First Two</u> <u>Weeks</u> of employment.
- Staff known to CCRP (has CCRP qualification letter)
  - <u>Change of Information Form</u> must be submitted immediately (within 24 hours)
  - <u>Application Form</u> and <u>Child to Staff Ratio Form</u> must be submitted to the CCRP within the <u>First Two Weeks</u> of employment.
- All staff documents must be maintained on staff files at the Day Care Centre and updated according to timelines provided below.

to timelines provided t	CIOW.	
All Day Care Centre	1. Change of Information Form	
Personnel – must have	2. Child to Staff Ratio Form	
the following on file as	<ol><li>Application Form (Signed by the Personnel)</li></ol>	
well as the information	4. Copy of Valid Photo ID	
for the position	5. Two Reference Questionnaires (Template in this application)	
identified below.	6. Current Resume (Must be up to date)	
	7. Criminal Background Check – Bermuda Police Service or Magistrate	
Required for persons	Court (Issued within the last 2 years)**	
older than 18-years-old.	8. Medical Certificate for Child Care Providers (Completed by your doctor and issued in the last <b>5</b> years)**	
** Required before the	9. Department of Child and Family Services Background Check (Issued in	
worker can begin at the	last 2 years)**	
Centre	10. SCARS Certificate (Issued in the last <b>3</b> years)**	
	11. CPR/First Aid (Issued in the last 2 years)	
	1. Associates Degree in Early Childhood Education or equivalent, <u>AND</u>	
	proof of 3-years post qualification experience, or	
	2. A degree other than an Associate Degree that included 4 courses in	
Person in Charge	Early Childhood Education, <u>AND</u> proof of 1 years post qualification	
	experience or	
	3. Bachelor's Degree in Early Childhood Education or equivalent <u>AND</u>	
	Proof of 1 years post qualification experience	
	1. A minimum of the Bermuda College Certificate for Child Care	
Deputy Person in Charge	Assistants, or equivalent <b>AND</b> 3 years post-qualification experience; or	
Deputy reison in charge	2. An associate degree in Early Childhood Education or equivalent <u>AND</u> 1	
	year post-qualification experience.	

Staff	Bermuda College Certificate for Child Care Assistants or equivalent		
Assistant	<ol> <li>Must be older than 16 and supervised by a qualified staff</li> <li>Documents for all Day Care Centre Personnel</li> </ol>		
Volunteer/Non- Instructional/ Summer Student (18 years and older)	Documents for all Day Care Centre Personnel		
Summer Students/	Application Form (Signed by the Personnel)		
Volunteer (under 18	2. Copy of Valid Photo ID		
years old)	3. Two Reference Questionnaires (Template in this application)		
(Must be in High School)	4. Current Resume (Must be up to date)		
Substitute	Same documents are required as the person/position they are substituting.		
Section B: Applicant Info	rmation		
Name of Applicant:		D.O.B (d/m/yr):	
Day Care Centre:			
Position Seeking:	☐ Person in Charge ☐ Deputy ☐ Teacher ☐ Non-Instructional		
	☐ Summer Student ☐ Vol	lunteer   Substitute   Assistant	
Home Address:			
Parish:		Postal Code:	
Telephone:		Cell Phone:	
Email:			
Citizenship (Required)	<ul> <li>□ Bermudian</li> <li>□ Non-Bermudian spouse of a Bermudian</li> <li>□ Permanent Resident Certificate (PRC) holder</li> <li>□ Non-Bermudian – Work permit number</li> </ul>		

School Attended	Degree/Certificate Attained	Year Completed
Section D: Employment Informa	ion	
Current Position:		
Business Name:		
Start Date (d/m/yr):	End Date (d/m/yr):	
Previous Position:		
Business Name:		
Start Date (d/m/yr):	End Date (d/m/yr):	
Previous Position:		
Business Name:		

End Date (d/m/yr):

Start Date (d/m/yr):

Section E: Screening Questions - Circle Yes or No for all questions. If you answer yes to any of the			
following questions provide an explanation below.			
1. Have you been convicted of, pled guilty or no contest to a crime in Bermuda or any other country?	Yes	No	
Explanation:			
2. Have you had any disciplinary or probationary action taken against you by any licensing authority in Bermuda or another country? This includes probation, suspension, revocation or denial of a license.	Yes	No	
Explanation:			
3. Have you had any form of investigation or disciplinary action by any health or social services related agency in Bermuda or another country?	Yes	No	
Explanation:			
4. Do you have a mental or physical condition and/or drug or alcohol use which could interfere with your current ability to be a day care provider?	Yes	No	
Explanation:			

Section F: Declaration Statement – (check each b	ox after reading and sign below)			
By my signature:				
I agree the information in this application and the information in any required or following documentation is true and accurate to the best of my knowledge. I understand that false statements may result in the removal from the Day Care Centre.				
I understand my application to be a staff member a or revoked at any time there is significant cond activities, abuse or neglect.	t a day care centre, if approved, may be suspended ern, evidence, or allegation regarding fraudulent			
I agree to notify the Child Care Regulation Program this registration form.	nme of any changes to the information provided in			
I agree for Child Care Regulation Programme and/	or MOH to contact relevant persons (including but ties) to verify the information provided in this			
<b>PATI disclaimer:</b> This correspondence and any response ther Information Act 2010. Most exempt records may be disclosed in names and personal details of service users, patients, complain (s.23). Information of people receiving discretionary benefit suc (s.24 (1)). Commercial information and information received (s.25&s. 26).	Fit is in the public interest (s.21). Personal information, such as nts, children and vulnerable adults, is exempt from disclosure that as a licence is not personal information and can be disclosed			
I certify to the best of my knowledge that the info	rmation contained in this application is true and			
Printed Name of Applicant	<u> </u>			
Signature of Applicant	 Date			
INCOMPLETE APPLICATION	ONS WILL NOT BE PROCESSED			
Completed applications are emailed to <a href="mailto:childcare@">child Care Regulation Programme</a> ,  Department of Health, Ground floor 25 Church St. H.				