

Department of Health

STAFF CHANGE OF INFORMATION (COI) FORM

Within 24 hours of notice, submit all documentation required with this form to childcare@gov.bm or Child Care Regulation Programme, Department of Health, Continental Building, 25 Church Street, Hamilton HM 12

Section 1 - Contact information

Name of Day Care Centre:			
Person Submitting COI Form:			
Section 2 – Change of Information			
☐ Staff Joining ☐ Staff Changing Positions			
	Administrator/ Management PIC Deputy	nt	Name of Staff Joining/ Changing Position:
	Staff Assistant Substitute/ On-call Volunteer / Summer Studer	nt	Class Responsible For:
			Start Date:
Staff Leaving (select one)			
	Administrator/ Managemen	nt	Name of Staff Leaving:
	Deputy Staff		Class Responsible For:
	Assistant Substitute/ On-call		Departure Date:
	Volunteer / Summer Studer	nt	Proposed Coverage:
Staff Contact Details to be updated			
Name (Identify Maiden Name):			
Physical Address:			
Mailing Address:			
Email Address:			
Phone Number:			
Other:			
PATI disclaimer: This correspondence and any response thereof is subject to public disclosure under the Public Access to Information Act 2010. Most exempt records may be disclosed if it is in the public interest (s.21). Personal information, such as names and personal details of service users, patients, complaints, children and vulnerable adults, is exempt from disclosure (s.23). Information of people receiving discretionary benefit such as a licence is not personal information and can be disclosed (s.24 (1)). Commercial information and information received in confidence may be disclosed if it is in the public interest (s.25&s. 26).			
Centre Representative:			Date Completed: