



GOVERNMENT OF BERMUDA

Department of Health

STAFF CHANGE OF INFORMATION (COI) FORM

Section 1 – Contact information

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

Name of Day Care Center:	
Person Submitting COI Form:	

Section 2 – Change of Information

<input type="checkbox"/> Staff Joining <input type="checkbox"/> Staff Changing Positions		
<input type="checkbox"/> PIC <input type="checkbox"/> Deputy <input type="checkbox"/> Staff <input type="checkbox"/> Assistant <input type="checkbox"/> Substitute/On-Call <input type="checkbox"/> Volunteer/Summer Student		Name of Staff Joining: Class Responsible For: Start Date: _____ Contract Signed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Leaving (select one)		
<input type="checkbox"/> PIC <input type="checkbox"/> Deputy <input type="checkbox"/> Staff <input type="checkbox"/> Assistant <input type="checkbox"/> Substitute/On-Call <input type="checkbox"/> Volunteer/Summer Student		Name of Staff Leaving: Class Responsible For: Departure Date: _____ 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).

Staff Signature: _____	Date Submitted: _____
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