



## Childminder Grant Scheme Application Form

Name of Childminder:

This scheme can support local Childminders to:

- Start up a Childminding service
- Continue to provide a Childminding service
- Develop and improve a Childminding service

**If you are a new Childminder, you should submit your initial grant application during the registration process.**

**Established Childminders must submit grant applications at least 4 weeks prior to the start date of any planned improvement.**

Please use this form to tell us about you and what you would like us to fund. In this application pack you will find information about who can apply for grants, the types of things we will give grants for and what will happen after we receive your application form.

**Before you fill in the form please make sure you have thoroughly read the scheme guidelines.** This will help you when filling in the application form. You may also contact staff at the Grants Unit and/or Early Learning Childcare Team to discuss your proposal prior to completing the application form to ensure you are eligible to apply for grant aid and that the intended project(s) / service fits with our scheme requirements.

When you have answered all the questions please go to Section 5 of the application form and work through the checklist to ensure that you enclose all the relevant information when you submit your form. This will help us to consider your completed application as quickly as possible.

**Electronic applications should be emailed to [grants.unit@shetland.gov.uk](mailto:grants.unit@shetland.gov.uk). Written application forms and enclosures should be completed neatly in black or blue ink and returned to the Grants Unit, Community Planning & Development, Solarhus, 3 North Ness Business Park, Lerwick, ZE1 0LZ.**

Failure to observe any of the conditions applicable to this scheme may involve repayment of part or the entire grant award, and you may be disqualified from future assistance from this or other grant schemes run by Shetland Islands Council.

**Please note application forms will be returned if all sections are not completed.**

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FOR OFFICIAL USE ONLY

Application No

Last updated June 2019

## SECTION 1 - APPLICANT DETAILS

### Q1 Name of childminder

Title  First name  Surname

Contact address

Postcode

Contact telephone numbers (including area code, where applicable)

Home  Work  Mobile

Contact email address, if applicable

Would you prefer to receive your grant acknowledgement letter: By post?  By email?

**Please refer to Section 10 of the guidelines with regard to our use of the information you provide.**

**If you are a new childminder currently going through the registration process, please go to Q4.**

**Q2** When was your childminding service registered? (Month/Year):

**Q3** Please confirm your registration number and grades achieved at your most recent inspection:

Registration Number:

Grades Achieved: Care & Support  Environment  Staffing  Management & Leadership

Applicants seeking financial assistance from this grant aid scheme must comply with Protection of Vulnerable Groups requirements - specifically child protection.

We recognise that Childminders will only achieve Registration with the Care Inspectorate if they have appropriate Child Protection Policy and Procedures in place, and Enhanced Disclosure Checks have been carried out on all individuals in the household.

Are you satisfied that your childminding service complies with the requirements of the Protecting Vulnerable Groups Act?

Yes  No

## SECTION 2 - PROJECT DETAILS

**Q4** How will the grant be used? Please provide brief details of how you would spend the grant.

**Q5** Why do you think this project is needed?

**Q6** Please provide a summary breakdown of the costs of your project.

Item or activity	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total cost of Project (A)	<input type="text"/>
Your contribution (B)	<input type="text"/>
Grant requested from Shetland Islands Council (C)	<input type="text"/>

(Please note, Total A must equal the total sum of B + C. Please ensure that you cost your project as accurately as possible. **In the event that the actual cost of your project is less than you have estimated, you may be required to repay a proportion of the grant.**)

### SECTION 3 - FINANCIAL DETAILS

**Q7** Please complete your bank details below.

Account name

Bank or Building Society name

Bank or Building Society address including postcode

Account sort code

		-			-		
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Account number

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Roll number (building society accounts only)

**Q8** Please supply the following information from your most recent annual accounts.

Accounts for financial year ending

Day

Month

Year

£

Total gross income

Minus total expenditure

Equals profit or loss for the year

Savings, reserves, cash or investments

**Q9** If your childminding service has savings, reserves, cash or investments greater than £10,000 please specify the purpose for which these funds will be used. Please note that services with significant funds that are not specified as restricted or designated funds may not be considered for grant assistance.

## SECTION 4 - FINISHING YOUR APPLICATION

### We can only process your application if:

- You complete all the questions on this form;
- You complete this checklist
- You send us all the necessary documents.

You must tick **all** the boxes below to confirm that:

- you have answered all the relevant questions on the form
- you understand that if you make any seriously misleading statements (whether deliberate or accidental) at any stage during the application process, or knowingly withhold any information, this could make your application invalid and you could be liable to repay any funding to us
- you meet our eligibility requirements as set out in our guidelines
- you understand and accept our obligations under the Data Protection and Freedom of Information Acts as set out in our guidelines

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Now please use this checklist to make sure you are sending us everything we need. (We can accept scanned, emailed copies of documents, or you can post paper copies to us at the address at the bottom of the form)

- I have enclosed a copy of the most recent accounts for my Childminding Service. (if you are a new Childminder, these are not required.)
- I have enclosed two quotes for any item of equipment or service costing over £500
- I will ensure that this form is received by the Grants Unit least four weeks before my project is due to start.
- My childminding service is included in the online Shetland Community Directory and the details currently listed are up to date.
- I have returned the receipts and Evaluation Form for my last Childminder Grant (if applicable).
- I have made a copy of this application to keep for my reference.
- I understand that if I am asked to provide any additional information, I must do so within 2 months of the date of receipt of this application, otherwise it will be withdrawn.

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You can email your application to: [grants.unit@shetland.gov.uk](mailto:grants.unit@shetland.gov.uk). Make sure you save your application before you send it. We will send you an email during normal office hours to acknowledge receipt.

### Or post your application to:

#### Grants Unit

Community Planning & Development  
Solarhus, 3 North Ness Business Park  
Lerwick  
ZE1 0LZ

Tel. (01595) 743827 / 743828

We will then send you an acknowledgement letter by post.

**SECTION 5 - FOR OFFICIAL USE ONLY -  
Childminder Grant Scheme**

This section is for internal use only and enables staff to monitor the progress of this grant application.

This application form must be certified by officials of Shetland Islands Council with the Council's Quality Improvement Officer for Early Learning and Childcare authorising all decisions.

Application form requested by  Date

Application form issued  Date

Application form received  Date

Application form acknowledged  Date

Additional information required. Please detail here:

All information received  Date

Comments

Grant Calculation:

% of eligible project cost £  less underspend £  = approved grant £

Application certified (SCP)  Date

Application  (QIO)  Date

Applicant advised of decision in writing  Date

**This section should only be completed in the event that the applicant organisation has appealed against the decision of a grant application.**

Applicant appeal received in writing  Date

Applicant appeal considered  Date

Appeal outcome  Date