## **Qualifications Checklist (Form 1)**

Service Ref No:	(if a	pr	olical	ble	,

## Childcare Programmes Checklist for New ECCE Applications on the Early Years HIVE (EY HIVE) 2024/2025

This form must be completed by services wishing to participate in the Department of Children, Equality, Disability, Integration, and Youth (DCEDIY) ECCE Programme. The checklist must be completed and signed by you and your local CCC. Once completed, please attach this checklist form to the ECCE Qualifications section of the EY HIVE. Your service will then be set up on the EY HIVE.

	Please tick the appropriate boxes relating to the following statements:	Applicant Check List Please Tick Box	CCC Check List Please Tick Box
1	I am attaching copies of qualifications held by the staff members who will deliver the ECCE Programme from August 2024. Only qualifications on the "DCEDIY Early Years Recognised Qualifications" list or with a "DCEDIY Letter of Qualification Recognition" have been accepted. All ECCE Lead Educators must hold an approved award at level 6 on the National Framework of Qualifications or a qualification deemed equivalent, with all other staff working with children holding a minimum of an approved award at level 5 on the National Framework of Qualifications.		CCC Confirm by tick
2. a	I declare that I will have a minimum of 8 children enrolled in my service (in each session) in August 2024 enabling me to deliver an appropriate ECCE Programme <b>OR</b> ,		
2. b	I understand that if I do not have a minimum of 8 children enrolled in my service in August 2024 I will seek an exemption from 2(a) with my local CCC.		
3	Please state the maximum number of ECCE children your service can cater for (at one time).		

On behalf of	$_{-}$ (name of Early Years Service), I wish to apply to participate in the ECCE Scheme for the
2024/2025 programme year. The CCC is confirming that the c	documents that have been submitted on behalf of the approved provider, satisfy the
qualifications requirements.	
Signature of Primary Authorised User (PAU):	Date:
For CCC use only:	
Signed (CCC):	Date:

Once this form has been completed by both the PAU and the CCC, please attach to the ECCE Qualifications section of the EY HIVE.