**PACEY Practitioner membership through the Quality Start scheme**

To access your practitioner membership through the Quality Start scheme, please complete this application form.

Personal details

Please complete in BLOCK CAPITALS

**Title (Miss/Mrs/Ms/Mr/Other)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postcode** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration number\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If you don’t provide us with your CIW registration number within 90 days of joining, your membership and insurance will be cancelled

Start date

You can delay the start of your membership and insurance. **Your insurance certificate will not be available until the date of activation.**

If you do not specify a start date below, cover will begin from the date we process your application.

**DD/MM/YYYY** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Keeping in touch

By becoming a member of PACEY, you are entitled to receive information from us about our products and services, plus information from any subsidiary company of PACEY or our carefully selected partners. You can control what information you would like to receive from us at [www.pacey.org.uk/privacy-settings](http://www.pacey.org.uk/privacy-settings).

I would like to join PACEY and take advantage of the Quality Start scheme

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PACEY Practitioner Insurance

PACEY’s Practitioner membership offers you the essentials you need to work in the early years and childcare as a childminder. PACEY Practitioner insurance is a member benefit and you’ll get free legal advice. Please read more information on what is covered for PACEY members under the PACEY Practitioner insurance in the [Policy Summary](https://www.pacey.org.uk/insurance22) (provides details of the significant benefits, limitations and exclusions) and the [Policy Wording](https://www.pacey.org.uk/insurance22) (contains full terms and conditions).

**Registered childminders need to be able to agree to the following statements:**

1. You comply with the terms and conditions of your registration, and you have implemented all requirements made by the registering authority.

2. You only carry out the following standard childminding activities: Caring for children aged between 0-17 years in your own home/registered premises, attending childminding/parent & toddler groups and activities, day trips and outings in the UK, pick-ups and drop offs, overnight care, babysitting, caring for children with additional needs.

3. Where you work with assistants to provide childminding services, they are registered and approved by your registering authority if required.

4. You have never had an application for registration refused, or a registration suspended or terminated by any registering authority.

Declaration

I am about to register as a childminder in Wales with CIW and have been advised by CIW to activate my insurance.

I understand that by signing this form, I am confirming thatthe information I’ve given is accurate; that I agree to abide by [PACEY's Code of Ethics](https://www.pacey.org.uk/training-and-qualifications/the-importance-of-training-and-cpd/pacey-code-of-ethics/) and [Membership Conditions](https://www.pacey.org.uk/membership/join-pacey/conditions-of-membership/), and that I have never had an application for registration refused, or a registration suspended or terminated by any registering authority.

If you cannot confirm any of the above, then please contact us as soon as possible, and before applying for membership on 02920 351407.

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send your completed form to; <paceycymru@pacey.org.uk>