

Change of Circumstance Form

Name of Service: _____ DCYA Ref No: _____

I, _____, holder of a childcare programme funding agreement with DCYA under the above reference number, wish to notify the Department that this service is changing circumstances as outlined below. Change of circumstance will transfer with effect from (date) ____/____/____.

Please tick applicable change of circumstance below:

- Change of Owner
- Change of Legal Structure
- Change of Address

Please select one of the statements below that is applicable to you:

- Childcare programme funding under funding agreements held in respect of a period beyond the date of the transfer has already been received by me, and I have made the necessary financial arrangements with the new owner/Board of Management in order to transfer this funding.

OR

- I have not received any childcare programme funding under funding agreements held in respect of a period beyond the date of the transfer, and any further payments due to this service should be made to the new owner/Board of Management.

Signed _____

Date: _____

(Signature of current owner/Chairperson)

Details of new owner/Chairperson

Name _____ (BLOCK CAPITALS)

Address _____

I, _____, wish to notify DCYA that I will be taking over the service _____ (name of service) from _____ (name of current provider) with effect from (date) ____/____/____.

Childcare programme funding in respect of a period beyond the date of the transfer has already been received by the previous owner, and I have made the necessary financial arrangements with them in relation to the transfer of this funding. **(Delete this statement if inapplicable)**

I confirm that I will complete and sign all information to enter into a DCYA funding agreement and return this application to my local CCC.

Signed _____

Date: _____

(Signature of new owner/Chairperson)