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| **MINISTRY OF EMPLOYMENT AND SOCIAL AFFAIRS**  **SOCIAL AFFAIRS DEPARTMENT**  **MONITORING AND COMPLIANCE SECTION** |

**SC 003**

**SUITABILITY CHECK APPLICATION FORM**

**CHILDMINDERS AND ASSISTANT CHILDMINDERS**

**Note to Applicant:**

1. *The Application Form should be completed in BLOCK CAPITAL*
2. *Please use* ***N/A*** *if details are not applicable*
3. *Writing must be clear and legible*
4. *Applicants must provide all the required Supporting Documents when submitting the Application Form*
5. *Application Form with missing information will not be processed.*

**Section one:**

1. **Personal Information**
   * **Given Names: ……………………………………………………………………..........**
   * **Surname: ………………………………………………………………………….**
   * **Nationality: ………………………………………………………………………...**

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**National Identity Number:**

* + **Country of Birth…………………………………………………………….........**
  + **Gender:** Male**:** Female**:** Others:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

* + **Date of Birth:** *(Date, Month and Year)*
  + **Marital Status** Single (Never married) MarriedDivorce  Widowed  Cohabitation
  + **Maiden name: ………………………………………………………………………**
  + **Religion: …………………………………………………………………………….**
  + **Phone Contact:** Mobile**: …………………………** Landline**: …………….........**
  + **Email Address: …………………………………………………………………........**
  + **Current District Residence…………………………………………………….**
  + **Current residential address: ……………………………………………………….**
  + **Previous residential addresses: …………………………………………………….**
  + **Have you ever worked with children?** YesNo

***If Yes, Specify:* …………………………………………………..................................**

* + **Have you ever been convicted of an offence in Seychelles?** Yes  No

***If Yes, Specify type of offence:* ………………………………………………….........**

* + **Have you ever been convicted of an offence in another Country?** Yes No

***If Yes, Specify:* ………………………………………………….....................**

***Name the Country…*………………………………………………………….**

**• Are you currently the subject of any ongoing investigation in Seychelles or another Country?** YesNo

***If Yes, Specify:* ………………………………………………….............**

***Name the Country…*………………………………………………………….**

1. **Education and Training Record** *(The last three qualifications)*

|  |  |
| --- | --- |
| Level/ Course: ……………………………………………………………………………………  Qualification Obtained: ……………………………………………………………………………………  Institution: …………………………………………………………………………………… | Date Entered:  ………/………/………..  Date left:  ………/………/……….. |
| Level/ Course: ……………………………………………………………………………………  Qualification Obtained: ……………………………………………………………………………………  Institution: …………………………………………………………………………………… | Date Entered:  ………/………/………..  Date left:  ………/………/……….. |
| Level/ Course: ……………………………………………………………………………………  Qualification Obtained: ……………………………………………………………………………………  Institution: ………………………………………………………………………………………………………… | Date Entered:  ………/………/………..  Date left:  ………/………/……….. |

1. **Employment History**

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| --- | --- | --- | --- |
| **Organization** | **Post Held** | **Date in Employment** | **Reasons for leaving** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

1. **Current Employment**

* **Name of Organization/Ministry: …................................................................................**
* **Current post: ……………………………………………………………………………**
* **Main responsibilities: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

1. **New Employment**

* **Name of Organization/Ministry/Others: …..................................................................................**
* **Post being applied for: ………………………………………………………………………...**
* **Main responsibilities: ……………………………………………………………………………..*.***

1. **References**

(List down 2 persons in Supervisory Positions known to you for a minimum of 2 years)

|  |  |
| --- | --- |
| Surname: | First Names: |
| Address: | Contact details: |
| Occupation: | |

|  |  |
| --- | --- |
| Surname: | First Names: |
| Address: | Contact details: |
| Occupation: | |

1. How long have you been working as an assistant childminder? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you always worked with the same childminder? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If no list other childminders with whom you have worked. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. How long have you been offering a child minding service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you always offered the service in the same location? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no list, the other location where you have offered this service

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have an assistant? Yes (please give details below)

**Assistant One**

**Name:** ………………………………………………………………………………………………………..

**Surname:** ……………………………………………………………………………………………………

**NIN:** …………………………………………………………………………………………………………….

**Date of Birth:** ………………………………………………………………………………………………

**Residential Address:** ……………………………………………………………………………………

**Assistant Two**

**Name:** …………………………………………………………………………………………………………

**Surname:** …………………………………………………………………………………………………….

**NIN:** …………………………………………………………………………………………………………….

**Date of Birth:** ………………………………………………………………………………………………

**Residential Address:** ……………………………………………………………………………………

1. **Are there any of the following activities in the vicinity of your child minding service? Circle those applicable**

Entertainment facilities such as public bar, night clubs

Drug related activities

Area where public gather to drink

1. **RESIDENTS AT THE PLACE WHERE YOU HAVE YOUR CHILDMINDERS SERVICE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Surname** | **D.O.B** | **NIN** | **Relationship to you (eg: son, partner, sister, husband** |
|  |  |  |  |  |
|  |  |  |  |  |
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1. **List of copies of documents to be submitted with the Application Form**
2. Valid National Identity Card
3. Current check to work with children (as applicable)
4. Valid Professional License or Registration (NGO’s/Association/Others)
5. Valid Gainful Occupational Permit (GOP) Document (If *Applicable)*
6. 1 Passport Size Photo
7. Reference letter from the last 2 previous employers
8. Current Job description
9. Proof for confirmation of address: *(Utility Bill, Fix land line telephone bill, letter from the District Administrator, etc)*

**Declaration**

I …………………………………………………………... confirm that the information provided in this document is correct to the best of my knowledge. I understand that it will it be used for the purpose of carrying out background checks to ensure that I am a suitable person to work with children.

I understand that the Department of Social Affairs may share my information with third parties for the purpose of enabling them to carry out these checks where this is allowed by the laws of Seychelles.

I understand that if I refuse to provide any of the information requested or fail to provide information which might be relevant to my suitability, my application will not be processed by the Monitoring and Compliance Section. Furthermore, I understand that giving false information to the Department is an offence.

**Signature**: …………………………………………………….

**Date**: …………………………………………………………

1. **For Official Use Only**

I …………………………………………………… confirmed receipt of the following:

Completed Application Form with the relevant Supporting Documents that are valid.

Completed Application Form with missing Supporting Documents.

Incomplete Application Form and missing Supporting Documents.

***Remarks for incomplete application and supporting documents****:*

………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Signature**: ……………………………………………………

**Date**: ………………………………………………………

***OFFICIAL STAMP OF THE MONITORING AND COMPLIANCE SECTION***

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