

## APPLICATION FOR ECCE HIGHER CAPITATION 2017 / 2018 PROGRAMME YEAR

### How to use this form

**This form should be used to apply to Higher Capitation within the ECCE programme**

You will need to provide:

- Service reference number
- Contact details
- Information about staff qualifications
- The number of children (ECCE and non ECCE) in each room

You may need to enclose evidence of staff qualifications

- If the service was on Higher Capitation in previous years: Fill in the form and enclose evidence of qualifications of any new staff
- If the service was not on Higher Capitation in previous years: Fill in the form and enclose evidence of all staff qualifications

Evidence of qualifications must be:

- A graduating certificate of a qualification that is on the published list (see DCYA Early Years Recognised Qualifications)
- A letter of eligibility to practice from DCYA

#### **PLEASE NOTE:**

Services must apply for Higher Capitation every programme year. If a service does not reapply for the higher capitation rate, this service will revert to the standard rate from 30<sup>th</sup> September 2017 (This will be back-dated as required, with Higher Capitation payments recouped, where necessary)

DCYA reserves the right to request further supporting documentation to assist in the appraisal process.

For queries regarding the Higher Capitation Application process, please contact DCYA ECCE Higher Caps team on 01 6473000  
Once an application is approved, queries regarding payment should be directed to Pobal.

**Part 1: Service Provider Details and Declaration**

|                               |  |
|-------------------------------|--|
| <b>DCYA Reference Number:</b> |  |
| <b>Name of Service:</b>       |  |
| <b>Service Address:</b>       |  |
| <b>Contact Name:</b>          |  |
| <b>Contact phone number:</b>  |  |
| <b>Email Address:</b>         |  |

**Declaration**

I, \_\_\_\_\_ (grantee) wish to apply for the ECCE Higher Capitation rate with effect from \_\_\_\_/\_\_\_\_/\_\_\_\_ (date) and declare that the information provided in this application is accurate.

Please tick as appropriate:

1. My service is currently on Higher Capitation
2. My service is currently on Standard Capitation

**Part 2: ECCE Provision Details**

**Please declare all ECCE Rooms / Sessions including Standard Capitation**

| Room | Start Time | Finish Time | Total FTE children in room | Total Room Capacity | No. of FTE ECCE children in room | No. of Pre-school Leaders per room | No. of Assistants per room | Applying for Higher Capitation Y/N |
|------|------------|-------------|----------------------------|---------------------|----------------------------------|------------------------------------|----------------------------|------------------------------------|
| 1    |            |             |                            |                     |                                  |                                    |                            |                                    |
| 2    |            |             |                            |                     |                                  |                                    |                            |                                    |
| 3    |            |             |                            |                     |                                  |                                    |                            |                                    |
| 4    |            |             |                            |                     |                                  |                                    |                            |                                    |

**(Please provide the above info for any additional ECCE rooms you have on a separate document and attach to application form)**

**Part 3: Staff Qualifications**

**Room 1**

| Staff Name | Leader/<br>Assistant | Title/Subject of Award | Training Provider | Award Body | Year | Years'<br>experience |
|------------|----------------------|------------------------|-------------------|------------|------|----------------------|
|            |                      |                        |                   |            |      |                      |
|            |                      |                        |                   |            |      |                      |
|            |                      |                        |                   |            |      |                      |

**Room 2**

| Staff Name | Leader/<br>Assistant | Title/Subject of Award | Training Provider | Award Body | Year | Years'<br>experience |
|------------|----------------------|------------------------|-------------------|------------|------|----------------------|
|            |                      |                        |                   |            |      |                      |
|            |                      |                        |                   |            |      |                      |
|            |                      |                        |                   |            |      |                      |

DCYA/ECCE REF: \_\_\_\_\_  
(e.g. 13WX0199)

**Room 3**

| Staff Name | Leader/<br>Assistant | Title/Subject of Award | Training Provider | Award Body | Year | Years'<br>experience |
|------------|----------------------|------------------------|-------------------|------------|------|----------------------|
|            |                      |                        |                   |            |      |                      |
|            |                      |                        |                   |            |      |                      |
|            |                      |                        |                   |            |      |                      |

**Room 4**

| Staff Name | Leader/<br>Assistant | Title/Subject of Award | Training Provider | Award Body | Year | Years'<br>experience |
|------------|----------------------|------------------------|-------------------|------------|------|----------------------|
|            |                      |                        |                   |            |      |                      |
|            |                      |                        |                   |            |      |                      |
|            |                      |                        |                   |            |      |                      |

**(Please provide the above info for any additional ECCE rooms you have on a separate document and attach to application form)**

DCYA/ECCE REF: \_\_\_\_\_  
(e.g. 13WX0199)

**IMPORTANT: Change of circumstances**

If the ECCE rooms applied for above experience any changes to staff or the number of children enrolled, the service is must inform the DCYA by completing and submitting the relevant Amendment Form. Failure to comply with the terms and conditions of Higher Capitation may result in the Higher Capitation rate being removed from the service immediately and any overpayment will be recouped.

**Ratio Requirements:** Minimum numbers of required preschool leaders and assistants for ECCE Higher Capitation purposes

|                                                                                                                                  |                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| 1 to 11 children per room                                                                                                        | at least 1 Higher Capitation eligible pre-school leader in the room at all times                                                       |
| 12 to 22 children per room                                                                                                       | at least 1 Higher Capitation eligible pre-school leader and 1 Higher Capitation eligible pre-school assistant in the room at all times |
| Ratios must include non-ECCE children as well of ECCE children; Higher Capitation will be paid only in respect of ECCE children. |                                                                                                                                        |

Name of Owner/ Chairperson \_\_\_\_\_  
**(BLOCK CAPITALS)**

Signed by Owner/Chairperson \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Completed applications can be submitted via email to: [eccehighercap@dcya.gov.ie](mailto:eccehighercap@dcya.gov.ie) or by post to: **ECCE Higher Capitation  
Early Years Policies and Programmes  
Department of Children and Youth Affairs,  
43-49 Mespil Road, Dublin 4  
FREEPOST F5055**