EC11HB Application for Change of Quality/Standard Funding Rate for Early Childhood Services



- 1. New Home-based services are automatically placed on standard rate funding. This form should be completed if you wish to change to quality rate funding.
- 2. Existing Home-based services can change to and from quality rate funding using this form.
- 3. Home-based services must meet the required criteria at the time of applying. Applications **will not** be approved retrospectively.
- 4. Home-based services must provide evidence of meeting the quality rate person responsible (coordinator) requirements, in addition to the qualification requirements.
- 5. Send the completed forms to your local office. To find your Local office's address, go to the Ministry website at www.education.govt.nz and click on 'Contact us'.

| Early Childhood Service | | | | | | |
|---|--|--|--|--|--|--|
| Service Name in Full | | | | | | |
| Ministry of Education Service Number | | | | | | |
| Service Address | | | | | | |
| | | | | | | |

| Funding Level | | | | | |
|--|--|----------------------|---------------------|----------------------|--|
| I am applying to move to (tick | k one only): | | | | |
| Standard rate Ef | fective from: | 1 | 1 | | |
| Quality rate Ef | fective from: | 1 | 1 | | |
| | fective date for Qua e Ministry of Educat | • | | form is received by | |
| If applying for the quality criteria. | rate, please comple | ete the fol l | owing section ba | sed on the following | |
| Qualifications and enhan Childhood Funding Hand | | sible requir | rements-refer to Cl | h 3-B-4 of the Early | |

Qualified Person(s) Responsible (Coordinator/s)

Certified copies of Person(s) Responsible (Coordinator/s) qualifications must be attached to this form.^{1,2} Attach another sheet listing the Person(s) Responsible (Coordinator/s) details if there is not enough space here.

| Names of their qualifications | Level of | Hours of employment | | | | | | |
|-------------------------------|---------------|---------------------|----|----|----|----|----|----|
| which meet the criteria | qualification | Мо | Tu | We | Th | Fr | Sa | Su |
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¹ Photocopies of certified copies are acceptable as long as they are no more than a year old. The Ministry reserves the right to sight all original qualifications or request for copies of qualifications to be specifically certified.

Qualified Person(s) Responsible (Coordinator/s) Quality Rate Requirements

Documented Evidence of Person(s) Responsible (Coordinator/s) meeting quality rate requirements must be attached to this form

Person(s) Responsible (Coordinators) of home-based ECE services receiving quality rate funding:

- must be locally based (i.e. available, in person, within normal commuter distances and times for that location) and
- must be on duty for the times specified in the table below, including over the lunch period.
- **must** be on-call to supervise home-based care before 8:30am, after 4:30pm and on weekends when education and care is provided by the service during these hours
- Coordinators must not provide cover for more than one service at a time.

Evidence could be in the form of;

- Person(s) Responsible resides locally to the homes in the licence
- Signed employment agreements or appendices to employment agreements showing;
 - Person(s) Responsible hours of work,
 - Person(s) Responsible on call and on duty hours –
 - Person(s) Responsible on-duty" and on-call responsibilities.

| List of documents Provided | |
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² Name change documents must also be included for any person whose name does not match the name on the certificate.

Active Educators

Provide a list of all Active Educators for this Home-based licence including those not qualified and partially qualified.

Certified copies of qualifications must be attached to this form.^{1,2}

Attach another sheet listing all Active Educators' details if there is not enough space here.

| ames of active educators | Names of their qualifications which meet the criteria | Level of qualification ² | Name of partial qualification if applicable | |
|--------------------------|---|-------------------------------------|---|--|
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² Name change documents must also be included for any person whose name does not match the name on the certificate.

| Record Keeping | | | | | |
|---|--|--|--|--|--|
| The service management will maintain a staffing record for all periods that the service is open. | | | | | |
| The record will clearly indicate the names of the trained person(s) responsible (Coordinator/s) and Educators their qualifications; the days and hours (ie the times of arrival and times of departure) worked by each person. | | | | | |
| The record will be available for inspection by authorised Education Review Office and Ministry of Education staff. Copies of qualifications and any relevant name change documents will be available for inspection at all times. | | | | | |
| The Funding Handbook may require additional records to be kept for different service types. | | | | | |
| (please tick box) I have read and understand the record keeping requirements. | | | | | |

| De | eclaration |
|----|---|
| | To be completed by the service provider or the named person on behalf of the service provider Home- based service. |
| | I confirm that this Home-based service meets the required criteria for staffing qualifications and ratios at all times that it is operating; refer to the Early Childhood Funding Handbook for further details. |
| | I certify that the information in this application is correct. |
| | Name |
| | Signature X |
| | Date / / |
| | Position Held |
| Of | fice use only |
| | Date the application was received by the Ministry |
| | Application entered into system |
| | Date entered: / / Officer's initial: |