

## Appendix 2

### Resources and Examples

#### In this appendix

This appendix contains resources and examples referred to in this Handbook.

The tables below contain a list of all the resources and examples in this appendix.

Resources for All Services	
	For further details see...
Enrolment Agreement Template	6-1
Sign-In/Sign-Out Template	6-3

Resources for Teacher-Led Services	
	For further details see...
Example Staff Record	3-B-2
Example Hospital Based Attendance Record for Enrolled Children	3-B-3
Staff Record Verification Sheet Template	3-B-2

Example Funding Forms	
These example forms are available as separate PDF documents on <a href="http://www.education.govt.nz">http://www.education.govt.nz</a>	For further details see...
RS7 Early Childhood Funding Returns <b>Note:</b> These examples contain all the possible sections that may be included in an RS7 Return. Your service's RS7 Return may not include all these sections.	Chapter 9
RS2 Change of Bank Account	8-1
RS3 Initial Application for Funding for an Early Childhood Service	7-1 and 7-2
EC11 Application for Change of Service Quality Rate for Early Childhood Services	3-B-4 3-C
EC11/A Notification of Change of Qualified Persons for Early Childhood Services	3-B-4 3-C
EC12 Application for Exemption from Absence Rules for Special and/or Health Needs	7-7
EC13 Medical Certificate to Support Application for Exemption from Absence Rule for Special and/or Health Needs	7-7
EC15 Application to Receive Equity Funding for Providing Early Childhood Education in a Language and Culture other than English	10-4

# Sign In / Out Sheet for Early Childhood Centres

[illegible]

# EXAMPLE STAFF RECORD

Date: 1 February 2010

Name (A)	Jessica		Simon		Kate		Mark		Lucy								
Certificated teacher? (B)	Yes Person Responsible a.m.		Yes		No		Yes Person Responsibl e p.m.		Yes		Number of Children			Total Actual Ratio Staff			
	Planned (C)	Change (D)	Planned	Change	Planned	Change	Planned	Change	Planned	Change	Planned	Change	Planned staff (E)	Actual Staff (F)	Certificated (G)	Not certificated (H)	
7:00 a.m.																	
8:00 a.m.																	
9:00 a.m.							non contact						3	3	2	1	
10:00 a.m.					non contact		↓						3	3	3	0	
11:00 a.m.							↓		non contact				3	3	2	1	
12:00 p.m.							lunch		lunch				3	3	2	1	
1:00 p.m.	admin				lunch								3	3	3	0	
2:00 p.m.	↓		lunch										3	3	2	1	
3:00 p.m.													4	4	3	1	
4:00 p.m.	↓												3	3	2	1	
5:00 p.m.													2	2	1	1	
6:00 p.m.																	
7:00 p.m.																	
Total hours		4		5		7		5		6				24	(I) 18	(J) 6	

**Example Hospital Based Attendance Record for Enrolled Children**

**DATE:**

Children	Name	Place	Name	Place	Name	Place	Name	Place	Name	Place	Name	Place
7.00 a.m												
7.30 a.m												
8.00 a.m												
8.30 a.m												
9.00 a.m												
9.30 a.m												
10.00 a.m												
10.30 a.m												
11.00 a.m												
11.30 a.m												
12.00 p.m												
12.30 p.m												
1.00 p.m												
1.30 p.m												
2.00 p.m												
2.30 p.m												
3.00 p.m												
3.30 p.m												
4.00 p.m												
4.30 p.m												
5.00 p.m												
5.30 p.m												
6.00 p.m												
6.30 p.m												
7.00 p.m												
Total Hours												

## Early Childhood Staff Record Verification Form

Management Contact Details	
Management Name	
Service Name	
Management Address	
Management Address	
Management Address	

Week beginning Date (e.g. Monday 3 May 2010)	Week Ending Date (e.g. Friday 7 May 2010)

I confirm that the staff records for the above week are a true and correct record of the hours worked.

Staff Name	Staff Signature

Manager's Name	Manager's signature
Date	

**A SAMPLE THAT COVERS THE NECESSARY FUNDING AND LICENSING REQUIREMENTS****Enrolment Information, 20 Hours ECE Enrolment Hours and Attestation Information for Early Childhood Education**

**Services** ♦ Sections marked with this symbol are required to be included in every Enrolment Agreement Form (20 Hours ECE sections are not applicable if the service does not offer 20 Hours ECE).

Wording cannot be changed in sections marked with ♦, except to add relevant details for your service.

**♦ Child's details:**

Child's **official surname** or **family name**:

Child's **official given name**:

Child's **official other names / middle names**:  
(please separate names with a comma):

**Name your child is known by / preferred name:**

Surname / family name:  
name:

Given

Child's date of birth:    d d    /    m m    /    y y y y

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Post Code:

**Child's Identification:**

*Children may be enrolled into a service even if a parent/caregiver cannot provide identity documentation. It is important to ask for identity documentation, and if a parent/caregiver can provide it, please state in the enrolment form which documentation you sighted.*

Official Identification document/s sighted by staff:

☐ New Zealand birth certificate

☐ Foreign birth certificate

☐ New Zealand passport

☐ Foreign passport

Other \_\_\_\_\_

**Staff initials:** \_\_\_\_\_

## ◆ Privacy Statement:

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see [Principle 3 - Collection of information from subject](#)).

Additionally, all Privacy statements must include the exact wording below:

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes
- for monitoring purposes
- to allow the assignment of a National Student Number\* to your child, and
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

\* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at

[National Student Number \(NSN\) » NZQA](#)

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: [National Student Numbers \(NSN\) – Education in New Zealand](#)

**The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.**

## ◆ Parents / Guardians:

<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:

Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

<b>Additional person/s who can pick up your child:</b>	
<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

<b>◆ Custodial Statement</b>	
Are there any custodial arrangements concerning your child?	
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
<b>Person/s who <u>cannot</u> pick up your child:</b>	
Name:	Name:
Name:	Name:



◆ Additional Emergency Contacts (also able to pick up child):	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

◆ Child's doctor:	
Name:	Phone:
Name of medical centre:	

◆ Health
Illness/allergies:

Is your child up-to-date with immunisations?	<i>Tick One</i>	Yes	<input style="width: 30px; height: 25px;" type="checkbox"/>	No	<input style="width: 30px; height: 25px;" type="checkbox"/>
(Please provide verification of all immunisations)					
<b>For staff:</b> Immunisation records sighted and details recorded:	<i>Tick One</i>	Yes	<input style="width: 30px; height: 25px;" type="checkbox"/>	No	<input style="width: 30px; height: 25px;" type="checkbox"/>

<b>◆ Medicine</b>	
<b>Category (i) Medicines</b>	
<p>A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet.</p> <p>Note: The service must provide specific information about the category (i) preparations that will be used.</p>	
Do you approve category (i) medicines to be used on your child? <i>Tick One</i> Yes <input style="width: 30px; height: 25px;" type="checkbox"/> No <input style="width: 30px; height: 25px;" type="checkbox"/>	
Name/s of specific category (i) medicines that can be used on my child, <b>provided by service:</b>	
■  	■  
■  	■  
<div style="display: flex; justify-content: space-between;"> <div>Parent/Guardian Signature: _____</div> <div>Date: ____ / ____ / ____</div> </div>	

<b>Category (ii) Medicines</b>	
<p>Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is used for a specific period of time to treat a specific condition or symptom, provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.</p>	
<p>I acknowledge that written authority from a parent is to be given at the beginning of each day a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.</p>	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

<b>Category (iii) Medicines</b>							
To be filled in if your child requires medication as part of an individual health plan, for example for an on-going condition such as asthma or eczema etc and is for the use of that child only.							
<b>For staff:</b> Individual health plan sighted and a copy taken:						Yes <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/>	No <input style="width: 40px; height: 30px; border: 1px solid black;" type="checkbox"/>
<i>Tick One:</i>							
Name of medicine:							
Method and dose of medicine:							
When does the medicine need to be taken: (State time or specific symptoms)							
Parent/Guardian Signature: _____				Date: ____ / ____ / ____			
<b>◆ Enrolment Details:</b>							
Date of Enrolment: ____ / ____ / ____                      Date of Entry: ____ / ____ / ____                      Date of Exit: ____ / ____ / ____							
<b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> and there <b>must be no</b> compulsory fees when a child is receiving 20 Hours ECE funding.							
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday		
Times Enrolled:						Total hours:	
<b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>							
20 Hours ECE at this service						Total hours:	
20 Hours ECE at another service						Total hours:	
Parent/Guardian Signature: _____				Date: ____ / ____ / ____			

### ◆ 20 Hours ECE Attestation:

1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?

Tick One Yes

☐

No

☐

2. Is your child receiving 20 Hours ECE at any other services?

Yes

☐

No

☐

Tick One

If yes to either or both of the above, please sign to confirm that:

- Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.
- You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Agreement Form, if deemed necessary and to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE.
- You consent to the early childhood education service providing relevant information to the Ministry of Education, and to other early childhood education services your child is enrolled at, about the information contained in this box.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### ◆ Dual Enrolment Declaration

I hereby declare that my child **is/is not** enrolled at another early childhood institution at the same times that he/she is enrolled at [insert name of service].

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*If you request Optional Charges, this agreement must be included as part of your service's Enrolment Agreement Form.*

### ◆ Optional Charges:

*For further information on Optional Charges please refer to Chapter 4 of the Early Childhood Education Funding Handbook.*

1. The optional charge is for: (give details of specific activities or items, and their costs)

▪

▪

2. I understand that if I agree to pay for the optional charge, [insert name of service] may enforce payment.

3. The agreement to pay the optional charge will last for: [insert time].

4. The rules about making changes to the agreement are: (you must give the parent reasonable opportunity in which to change their mind):

- (Please insert rules here)
- 

5. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.

6. I **agree/do not agree** (*select one*) to pay the optional charge for the activities/items specified in this enrolment agreement form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**◆ Statutory Holidays / Term Breaks**

This enrolment agreement is **inclusive/exclusive** of school term breaks.

If your service is open on Statutory Holidays, parents need to confirm enrolment for each individual statutory holiday

[insert name of service] is open on the following public holidays if they fall on a weekday. Please tick the days you wish your child to be specifically enrolled for:

New Year's Day		Easter Monday		Labour Day	
Day after New Year's Day		Anzac Day		Christmas Day	
Waitangi Day		Queen's Birthday		Boxing Day	
Good Friday		Matariki		Local Anniversary Day	

### ◆ Home-Based Education and Care Services Only

**This section is a compulsory requirement for Enrolment Agreement Forms used by Home-Based Services**

Is the educator who will be providing education and care for your child a member of the child's family?

Tick One

Yes

☐

No

☐

If yes, what is the relationship of the educators to your child?

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Required Information for Licensing Purposes

- **Excursions:** Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy).
- **Photo/video:** permission for the child to be photographed for the purposes of assessment, planning and evaluation (explain clearly how the photos/videos can/can't be used)

### Other information possible to include on this Enrolment Agreement Form

- **Policy Statement:** [insert name of service] has a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this service, and understand how you can have input to policy review.
- **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the service.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences.
- **Transitional School Visits:** Information on transition arrangements.
- **Correspondence School Enrolment:** Details of enrolment agreement.

### ◆ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### ◆ Service Declaration

On behalf of [insert name of service], I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Change of Days/Times of Enrolment:

Effective Date of Change: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

**For 20 Hours ECE fill out boxes below**

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
<div> <div> Parent/Guardian Signature: <div></div> </div> <div> Date: ____ / ____ / ____ </div> </div>						



# EC11 Application for Change of Quality/Standard Funding Rate for Early Childhood Services

1. New early childhood services are automatically placed on standard rate funding. This form should be completed if you wish to change to quality rate funding.
2. New and existing services can change to and from quality rate funding using this form.
3. Quality rate funding is applicable only to **parent-led and home-based services**. Quality rate does not affect funding rates for any other types of services.
4. Services must meet the required criteria at the time of applying. Applications **will not** be approved retrospectively.
5. Applications from Kōhanga Reo must be processed and endorsed by Te Kōhanga Reo National Trust **before** being sent to the Ministry.
6. Home-based services must provide evidence of meeting the quality rate person responsible requirements, in addition to the qualification requirements.
7. Send the completed forms to your local office. To find the Local office addresses, go to the Ministry website at [www.education.govt.nz](http://www.education.govt.nz) and click on 'Contact us'.

## Early Childhood Service

**Service Name in Full**

**Ministry of Education Service Number**

**Te Kōhanga Reo National Trust Number**

*(where applicable)*

**Service Address**



## Funding Level

I am applying to move to *(tick one only)*:

☐

**Standard rate**

Effective from:

☐

**Quality rate**

Effective from:

Effective date for Quality rate cannot be before the form is received by the Ministry of Education. It may be in the future.

**If applying for quality rate, please complete the following section based on the following criteria**

*(complete the section that applies to your service)*

### Home-based services

☐

Qualifications and enhanced person responsible requirements—refer to Ch 3-B-4 the Early Childhood Funding Handbook

**Playcentres** (Qualifications—refer to Ch 3-C-3 the Early Childhood Funding Handbook for details of available options) *(tick one only)*

☐

Option 1

☐

Option 2

☐

Option 3

☐

Option 4

☐

Option 5

☐

Option 6

☐

Option 7

☐

Option 8

**Kōhanga** (Qualifications and enhanced staff ratios options—refer to Ch 3-C-4 the Early Childhood Funding Handbook for details of available options) *(tick one only)*

☐

Option 1

☐

Option 2

## Qualified Staff, Parents, Whānau

**Certified copies of staff, parents/whānau qualifications must be attached to this form<sup>1</sup> – this includes all educators for home-based services.**

Attach another sheet listing the staff, parents/whānau details if there is not enough space here.

Names of trained persons who meet quality criteria	Names of their qualifications which meet the criteria	Level of qualification <sup>2</sup>	Hours of employment						
			Mo	Tu	We	Th	Fr	Sa	Su

<sup>1</sup> 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

### <sup>2</sup> Level of qualification:

Kōhanga Reo – please include 'final year' etc where applicable.

Playcentres – please add 'Course Three' or 'Course Four', 'PEA' etc as applicable.

Home-based services – include the number of credits obtained if the qualification is incomplete.

## 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 staff, parents/whānau; 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 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.

## Declaration

To be completed by the management or whānau of the named service.

You must complete the declaration in full or your application will not be processed.

I confirm that this 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

## Office use only

Date the application was received by the Ministry – this is the Effective-from-date for Quality Rating applications

 /  / 
☐

Kōhanga only – endorsed by the National Trust

☐

Application entered into system

Date entered:

 /  / 

Officer's initial:

# 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](http://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 one only*):

☐

**Standard rate**

Effective from:

☐

**Quality rate**

Effective from:

Effective date for Quality rate cannot be before the form is received by the Ministry of Education. It may be in the future.

If applying for the quality rate, please complete the **following section based on the following criteria**.

Qualifications and enhanced person responsible requirements—refer to Ch 3-B-4 of the Early Childhood Funding Handbook.

## Qualified Person(s) Responsible (Coordinator/s)

**Certified copies of Person(s) Responsible (Coordinator/s) qualifications must be attached to this form.<sup>1,2</sup>**

Attach another sheet listing the **Person(s) Responsible (Coordinator/s)** details if there is not enough space here.

Names of trained persons who meet quality criteria	Names of their qualifications which meet the criteria	Level of qualification	Hours of employment						
			Mo	Tu	We	Th	Fr	Sa	Su

<sup>1</sup> 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.

<sup>2</sup> Name change documents must also be included for any person whose name does not match the name on the certificate.

## 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


## 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.<sup>1,2</sup>

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

Names of active educators	Names of their qualifications which meet the criteria	Level of qualification <sup>2</sup>	Name of partial qualification if applicable

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<sup>1</sup> 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.

<sup>2</sup> 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.

## Declaration

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**

## Office use only

Date the application was received by the Ministry

☐

Application entered into system

Date entered:

Officer's initial:

## EC12 Application for exemption from absence rule for Special and/or Health Needs

### What is this form for?

This form is used to record an agreement between parents/guardians and an Early Childhood Service for an exemption to the absence rules.

- If a child is absent from an early childhood service on a day they are enrolled to attend, the Ministry of Education still pays the service a subsidy for that child to ensure they receive stable funding (this covers, for example, childhood sickness)
- The Absence Rules set limits on this funding – if a child is absent for longer than three weeks or shows a pattern of frequent absences, funding to cover their absences will cease. See the Early Childhood Funding Handbook for details about the Absence Rules.
- Children with special needs or health problems may be exempted from the absence rules. You may claim funding for absences of children whom are exempt from the Absence Rules for a longer period, provided this form (EC12) has been completed and the correct supporting documentation attached.
- This agreement must be supported by documentation, which is to be attached to the completed form. See the “Documents Attached” section for details about suitable documentation.

### Who should fill in the form?

The form should be filled in by the service that is applying for the exemption, and signed by the child’s parent or guardian.

### What to do with the form once it is signed?

The form and its attachments must be held on file at the service, and be made available for audit purposes.

#### Service Details

Name of Early Childhood Service

Service Number

#### Child Details

Last Name / Family Name

First Name / Given Name

Date of Birth

#### Child’s Usual Enrolment

	From	To	Notes / explanation (eg ‘every 2nd Monday)
Monday	am/pm	am/pm	
Tuesday	am/pm	am/pm	
Wednesday	am/pm	am/pm	
Thursday	am/pm	am/pm	
Friday	am/pm	am/pm	
Saturday	am/pm	am/pm	
Sunday	am/pm	am/pm	

Brief details about why the child may not be able to attend according to this enrolment:


## Documents Attached

(tick one only)

- ☐ Individual Development Programme
- ☐ Medical Certificate (use EC13 form)
- ☐ Child Disability Allowance
- ☐ Other documentation (please give details)

(approved by)

(date)

(date)

## Privacy Statement (Privacy Act 2020)

The information on this form and on its attachments is supplied only to the Ministry of Education and the early childhood service to which this application applies for the purpose of continued funding for the extended absence or irregular attendance on the grounds of special needs or for health reasons.

## Declaration

I certify that, to the best of my knowledge, the information contained on this form is true and correct in every particular.

By signing this declaration, I am confirming that this attendance rule exemption agreement is made in accordance with the conditions outlined in the current Early Childhood Education Funding Handbook

<b>Parent Guardian</b>	Signature <b>X</b>	Name (block letters)	Date / /
	Signature <b>X</b>	Name (block letters)	Date / /

## For Ministry of Education use only

<b>For Audit Use</b>	Date audited / /	Approved



# EC13 Medical Certificate to support application for exemption from absence rule for Special and/or Health Needs

## What is this form for?

This form is used to document medical reasons that support an agreement between parents/guardians and an Early Childhood Service for an exemption to the absence rules.

## Who should fill in this form?

This form should be completed by a registered medical practitioner.

## What to do with the form once it is completed

The form must be returned to the named Early Childhood Service. The service must attach it to the EC12 which documents the agreed absence rules exemption.

### Details

Name of Child

Name of Early Childhood Service

**A** Diagnosis:

**B** Reason why the medical condition prevents this child from attending and early childhood service for an extended period or on a regular basis.

**C** On these grounds I consider that this child either *(tick all that apply)*

☐

is not able to attend the named early childhood service for:

(State time period)

And / or

☐

may not be able to regularly attend the early childhood service for:

(State time period)

### Privacy Statement (Privacy Act 2020)

The information on this form and on its attachments is supplied only to the Ministry of Education and the early childhood service to which this application applies for the purpose of continued funding for the extended absence or irregular attendance on the grounds of special needs or for health reasons.

### Declaration

I certify that, to the best of my knowledge, the information contained on this form is true and correct in every particular.

**Medical Practitioner**

Signature

Name (block letters)

Date

/ /

Address

# RS2 Early Childhood Service / Playgroup Bank Account Form



This form is to be used by **licensed services** to change a bank account or by **Playgroups** to establish or change a bank account. All Ministry of Education payments will be deposited into this account.

All sections must be completed. Two signatories are required to sign that the bank details are correct, and either:

- your **bank must stamp the form** to verify the account details, OR
- you must **attach a pre-printed deposit slip**

Completed forms should be returned to: **ECE Operational Funding, PO Box 1666, Wellington**

Early Childhood Service	
Name	
Ministry of Education Service Number	
Address	
Telephone / Email	
Funding Contact Person	

Reason for Change	
Why is this change being made: <i>(tick one only)</i>	
<input type="checkbox"/> Because the service/playgroup has changed its own bank account.	<input type="checkbox"/> Because the service has had a change of ownership.
<input type="checkbox"/> Because the service has joined or left an association, while retaining the same ownership.	<input type="checkbox"/> New Playgroup

GST Number	
Please provide your GST number - if you are not GST registered then write NIL. The GST Number is used for Ministry accounting requirements only.	

Verified Bank Account Details for Future Payments			
Attach a pre-printed deposit slip OR complete the following			
Bank			Bank Stamp and Initial
Branch			
Account Name			
Account Number			
	Bank and Branch	Account	Suffix
To be certified by two signatories, one of whom must be the service provider contact/office bearer e.g. treasurer. Services with one signatory <b>MUST</b> write "sole signatory" in the second field			
Signatory One	Signature <b>X</b>	Name (block letters)	Position Held
Signatory Two	Signature <b>X</b>	Name (block letters)	Position Held

Office Use Only				
		Date	Initials	Checked
<input type="checkbox"/> Change/Add Bank Account – Playgroup ECD	Sent to Finance			
	Sent to Regional Office			
<input type="checkbox"/> Change/Add Bank Account – Licensed Service ECF	Sent to Finance			
	Sent to Regional Office			
<input type="checkbox"/> Change of Pay Unit	Entered into Profiles			
	Sent to Regional Office			

# RS3 Initial Application for Funding for an Early Childhood Service



This form collects information that the Ministry will use to calculate your service's first advance funding payment. It should be completed with advice from your regional Ministry of Education office.

Once the form is complete, return it to your regional office.

Make sure this form is signed by an appropriate person from your service's management, and has been stamped and initialled by your bank or has a pre-printed deposit slip attached.

## 1. Early Childhood Service

Service Name in Full	OrganisationName	
Ministry of Education Service Number	OrganisationNumber	
Service Postal Address	Building	
	Street	
	StreetNameNumber	
	Suburb	
	Town/City	Postcode
	TownCity	PostCode
Contact Person for queries about this form	ConcatenatedName	
Contact Number	ConcatenatedPhoneNumber	

## 2. Verified Bank Account Details for Future Payments

- Complete bank account details
- Attached pre-printed deposit slip **OR** obtain bank stamp and bank teller's initials  
(Note: any alterations must have bank stamp and bank teller's initials)
- Complete both signatories **OR** services with one signatory **MUST** write "sole signatory" in the second field

Bank													Bank Stamp and Initials
Branch													
Account Name													
Account Number													
	Bank and Branch						Account						Suffix

To be certified by two signatories, one of whom must be the treasurer/secretary.

Signatory One	Signature	Name (block letters)	Position Held
	<b>X</b>		
Signatory Two	Signature	Name (block letters)	Position Held
	<b>X</b>		

## 3. Financial Year End / GST Number

Enter the date that your service's financial year ends:	<div> <div>/</div> <div>Day</div> <div>Month</div> </div>	Please provide your GST number. If you are not GST registered then write NIL.	
The GST Number is used for Ministry accounting requirements only.			

## Ministry of Education Office use only (completed by Regional Office):

Pay Unit / Organisation Number (To create the Supplier Number)	
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## 4. Days of Operation

Enter the first five months from the date that the service was licensed.

For each month: - enter the number of days the service will operate as Teacher-led (TL) All Day (A) and Sessional (S), and  
- enter the number of days the service will operate as Parent-led (PL).

Month										
Provision Type: Teacher-led (TL) & Parent-led (PL)	TL	PL	TL	PL	TL	PL	TL	PL	TL	PL
Licence Class: All Day (A) & Sessional (S)	A	S	A	S	A	S	A	S	A	S
Forecasted days open										

## 5. Estimated Number of Children Attending and Estimated Hours

For each day of a chosen week i.e. during a week that you identify as being an average week in the period:

1. Estimate the average number of children per day for: Under 2, 2 & Over, 20 Hours ECE and Plus 10.
2. Estimate the total number of hours you can claim funding for per day for: Under 2, 2 and Over, 20 Hours ECE and Plus 10.
3. Estimate the total number of children who will receive 20 Hours ECE over the week.

- Note:**
- You may claim funding up to:
    - 6 hours per day for Under 2 and / or 2 & Over **per licensed childplace**
    - 6 hours per day for 20 Hours ECE and / or Plus 10 **per eligible child**
  - You may claim a maximum of:
    - 30 hours per week for Under 2 and / or 2 & Over **per licensed childplace**
    - 20 hours per week for 20 Hours ECE **per eligible child**
    - 30 hours per week for 20 Hours ECE + Plus 10 **per eligible child**
  - Numbers expected to attend **must not** exceed the maximum number on your licence
  - The estimated average number of children must not exceed 75% of the licence maximum**
  - The Ministry retains the right to reduce any advance funding paid to your service
  - The Ministry retains the right to request proof and evidence to support the numbers claimed on this RS3 form
  - Any overpayments that occur due to over-claims on this RS3 form are repayable to the Ministry immediately

Funding effective date

Day of Week		Mon	Tue	Wed	Thur	Fri	Sat	Sun
Subsidy Under 2	Children							
	Hours							
Subsidy 2 & Over	Children							
	Hours							
20 Hours ECE	Children							
	Hours							
Plus 10	Children							
	Hours							

## 6a. Proportion of Certificated Teachers (Estimated Staff Hour Count)

Education and Care services and Kindergartens (with an All Day or Mixed licence) **MUST complete this section.**

If your service is Homebased, Parent/Whānau-led, Playcentre or Kindergarten (with a Sessional licence) **Go to Section 7.**

### Proportion of Certificated Teachers:

Your funding rate depends on the proportion of regulated (ratio) staff hours that are worked by staff who are ECE qualified or Primary qualified and holders of current practising certificates. For details about how this is usually calculated, and what hours to include, see the ECE Funding Handbook, which is available from [www.education.govt.nz](http://www.education.govt.nz)

The estimated staff hour count data for All Day Kindergartens is applicable to their "All Day" days only.

Follow the steps below to calculate your proportion of certificated teachers for your first funding claim:

1. Estimate the number of regulated ratio hours worked by teachers during the first five months.
2. Total the hours under each heading (A and B) for both All Day and Sessional days; add these totals to find a grand total of All Day and Sessional hours (C).

Month	Operating Status	Estimated hours worked by ECE qualified and certificated teachers	Estimated hours worked by all other ratio teachers	
	All Day			
	Sessional			
	All Day			
	Sessional			
	All Day			
	Sessional			
	All Day			
	Sessional			
	All Day			
	Sessional			
<b>Total</b>	All Day	<b>= A</b>	<b>= B</b>	<b>= C (A+B)</b>
	Sessional	<b>= A</b>	<b>= B</b>	<b>= C (A+B)</b>

- |  |          |   |          |                |          |
|--|----------|---|----------|----------------|----------|
| 3. Calculate the <b>All Day</b> percentage                                       | <b>A</b> | / | <b>C</b> | <b>X 100 =</b> | <b>%</b> |
| 4. Calculate the <b>Sessional</b> percentage<br>(Not required for Kindergartens) | <b>A</b> | / | <b>C</b> | <b>X 100 =</b> | <b>%</b> |

This percentage figure will be used to place your service into one of the following funding bands: 0-24%, 25-49%, 50-79% 80-99% and 100%

A higher band will give you a higher hourly funding rate per child-hour.

## 6b. Attestation of Certificated Teachers' Salaries

Services that want to access higher funding rates must pay all employed ECE and primary qualified certificated teachers at least the amount(s) specified in the salary scale defined in the ECE Funding Handbook available on the Education.govt.nz website.

Once open, what salary scale described in the ECE Funding Handbook is your service using to determine the minimum salaries paid to all employed ECE and primary qualified certificated teachers?

<input type="radio"/>	<b>No Salary Scale</b> (No step)	<input type="radio"/>	<b>Base Salary Scale</b> (Step 1)	<input type="radio"/>	<b>Parity Salary Scale</b> (Step 1-6)	<input type="radio"/>	<b>Extended Parity Salary Scale</b> (Partial Step 1-11 + Partial Management Step)	<input type="radio"/>	<b>Full Parity Salary Scale</b> (Full Step 1-11 + Full Management Steps)
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By answering '**No Salary Scale (No step)**' to this question, your service is identified as having not met the funding conditions related to the **minimum salary scales**. Your service will, therefore, be paid at the **lowest level of funding**.

By answering '**Base Salary Scale (Step 1)**' to this question, your service is identified as meeting the funding conditions for this **minimum salary scale**. Your service will therefore have access to the **base funding rates**.

By answering '**Parity Salary Scale (Step 1-6)**' to this question, your service is identified as meeting the funding conditions for this **minimum salary scale**. Your service will therefore have access to the **parity funding rates**.

By answering '**Extended Parity Salary Scale (Partial Step 1-11 + Partial Management Step)**' to this question, your service is identified as meeting the funding conditions for this **minimum salary scale**. Your service will therefore have access to the **extended parity funding rates**.

By answering '**Full Parity Salary Scale (Full Step 1-11 + Full Management Steps)**' to this question, your service is identified as meeting the funding conditions for this **minimum salary scale**. Your service will therefore have access to the **full parity funding rates**.

## 7. Declaration

**To be completed by the management of the named service.**

**You must complete the declaration in full or your application will not be processed.**

I certify that, to the best of my knowledge, the information contained on this form is true and correct.

**I understand that:**

- if I have made a false statement **or**
- if I have failed to answer all questions in full **or**
- if I do not provide documentation supporting the funding claim **or**
- if I do not make documents available for inspection **or**
- if I do not tell the Ministry of Education of changes that may affect funding claims or rates

**then**

- The funding claim may be reviewed and funding withheld **and / or**
- I will have to pay back the total amount of any overpayment **and / or**
- I may be prosecuted and fined or imprisoned.

By signing this declaration, I am confirming that this funding claim is made in accordance with the conditions outlined in the *Early Childhood Education Funding Handbook* and that the Ministry can withhold all or some of the funding if there is a breach of any of these conditions.

<b>Name</b>	<input type="text"/>
<b>Signature</b>	<input type="text" value="X"/>
<b>Date</b>	<input type="text" value="/ /"/>
<b>Designation</b>	<input type="text"/>

## Ministry of Education use only

### Regional Office acknowledgement

<b>Name</b>	<input type="text"/>
<b>Signature</b>	<input type="text" value="X"/>
<b>Date</b>	<input type="text" value="/ /"/>

### ECE Operational Funding processing:

	Date	Initial	Checked
Data Entered			
Sent to Finance			