



Childminder Questionnaire

If you require assistance filling out the questionnaire please contact
Ealing Children's Information Service 020 8825 5588

Contact Details

Title (delete as appropriate)	First Name	Surname	
Ms/Mrs/Miss/Mr			
Address			
Town		County	
Postcode			
Phone Number			
Mobile Number			
Fax Number			
E-mail			

Registration Information

Date of Registration			
Registration Number			
Maximum number of registered children (complete for each age range)	_____	Max Total	<input type="checkbox"/>
Non- Registered Care: How many children over 8 years would you consider childminding for?			
Is the above address where you are registered to childmind? If no please give details.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Do you have a registered assistant? If yes please give details	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____ _____
Are you registered for Overnight Care?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	



Childminder Questionnaire

Vacancies

Do you have vacancies?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please tell us the number of vacancies you currently have.		TOTAL NUMBER OF VACANCIES <input style="border: 2px solid black;" type="text"/>	
Vacancies	Number of Full time	Number of Part time	
0-1 years			
1-5 years			
5-8 years			
8-16 years			
Are these vacancies available immediately "yes or no" If no, please state when they are available from			

Opening Hours and Cost

Please tell us what fees you charge N.B. please note any discounts available e.g. for siblings or fees for part time sessions

Price	Time Period	Price	Time Period
_____	Hourly	_____	Daily
_____	Weekly	_____	Monthly
_____	Discounts		
Childminding opening hours			
We are often asked if childminders can care for children term time only.	Can take term time only	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Can take children in the School holidays	<input type="checkbox"/>	<input type="checkbox"/>
Please list days or times of year you do not work e.g. public holidays, number of weeks-annual leave etc.			



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Service Offered

School Pick-Ups. Please list schools or nurseries from where you collect.	Before School <input type="checkbox"/>	After School <input type="checkbox"/>	
	1. ----- 2. ----- 3. ----- 4. ----- 5. -----	1. ----- 2. ----- 3. ----- 4. ----- 5. -----	
Do you/will you take your minded children on regular outings?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you transport children in your car?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Unsociable Hours (outside hours of 8am & 6pm)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Weekend Cover	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please list times that you offer childcare at unsociable hours	_____ _____	Please list times that you offer weekend cover	Sat _____ Sun _____
Temporary Placements	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you registered to use your garden?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Emergency Placements	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Pets	YES <input type="checkbox"/> NO <input type="checkbox"/>	If you answered YES to the Pets questions, please tell us what pets you have.	
Do you provide these?	Breakfast <input type="checkbox"/> Nappies <input type="checkbox"/> Tea <input type="checkbox"/>		
	Lunch <input type="checkbox"/> Snacks <input type="checkbox"/>		
To help us promote your service to parents/carers (please specify)	Additional information (activities, outing etc.)		



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Additional Information

Additional languages you speak (other than English & including sign language)?	
Please tell us about the public transport closest to you i.e. number of the buses, station name etc.	
What specific experience or training have you had with children that have a special need or require extra support ?(please specify)	<p>(examples)</p> <p>Down syndrome <input type="checkbox"/> Dietary <input type="checkbox"/></p> <p>Aspergers <input type="checkbox"/> Skin Allergies <input type="checkbox"/></p> <p>Learning Difficulties <input type="checkbox"/> Food Allergies <input type="checkbox"/></p> <p>Religious beliefs <input type="checkbox"/></p> <p>Other _____</p> <p>_____</p> <p>_____</p>
Are your premises suitable for wheelchairs?	YES <input type="checkbox"/> NO <input type="checkbox"/>
What provision do you have for children from a range of cultures/faiths and nationalities?(for example, training and experience, written and spoken language and activities).	

MAY WE THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

Once completed, please post back to the

**Children's Information Service
Room G14
Ealing Town Hall
Uxbridge Road
Ealing
W5 2BY**