



Expression of Interest Form

Sure Start Developmental Programme for 2-3 Year Olds 2024/2025

The Sure Start Developmental Programme for 2-3 Year Olds is a Department of Education funded service that is currently being delivered by all Sure Start Projects throughout Northern Ireland. This programme operates term time, from September to June, Monday to Thursday up to 2 ½ hours per day and involves the parent and child.

The Sure Start Developmental Programme for 2-3 Year olds focuses on 'constructive play in group settings, to enhance children's social and emotional development and to build on their communication skills and encourage imagination through play'.

Eligibility to apply for a place on the programme:

- The child must be 2 Years Old on or before the 1st July 2024.
- The child must live in the Colin Sure Start area - Proof of address will be requested.
- The Family must be registered with the Sure Start Project prior to commencement of the programme.
- Parents must commit to ensuring their child will attend on a regular basis (minimum of 80% attendance)
- Parents **MUST** participate in the programme, by participating in all stay & play sessions, parental engagement sessions, workshops and home visits.

To sustain effective child development and continually ensure that those children on the programme are the children that can benefit most from this intervention, all parents will be required to fulfil the following (as per Department of Education guidelines):

- To commit to ensuring that their child will regularly attend the programme.
- To agree to be an essential part of the programme and commit to sessions/workshops/home visits etc.
- Where children of working parents are involved in the programme, parents will still need to meet the requirements of parental engagement.

As numbers to participate on the programme are limited and demand for places is high, a sub-criteria will be used by the Assessment Panel to allocate places. All places will be allocated on a targeted needs basis against the criteria that is guided by the Department of Education, the project will not be able to guarantee a place for every Expression of Interest due to high demand.

Example criteria can include; **individual child and family circumstances, current use of Sure Start services, person/child with a disability in the home, multiple births etc.**

The closing date for applications is 12 noon on Friday 29th of March 2024

Completed forms should be returned to:
Ciara Campbell
Developmental Programme for 2-3 Year Olds Manager
Colin Sure Start, Unit 21 Dairy Farm Centre
BT17 0AW

The Expression of interest form must be submitted in paper copy, to the Colin Sure Start Office in the Dairy Farm (see address above). Applications sent via email or late will not be considered. Applications cannot be submitted by a member of the Colin Sure Start team or by other professionals working with the family. It is the responsibility of the parent/person with parental responsibility to submit the application form using the correct procedures. No other professionals or staff can accept liability for application forms.

Following receipt of this form, you will receive a home visit from the Early Learning Coordinator to gather further information regarding your Child. All successful/non successful applicants will be notified **no later than Friday 28th June 2024**

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**** Parents/Carers – Please KEEP THIS TOP SHEET FOR YOUR INFORMATION ****

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All information provided will be treated in the strictest of confidence. In accordance with the General Data Protection Regulation 2018 (GDPR), Colin Sure Start is obliged to ensure that your information is accurate and up to date. We may use the information provided on this form to update your family details currently held on our secure database. Our Privacy Statement is available on our webpage at www.colinsurestart.com

Child's Details			
Name	Date of Birth	Gender	Languages Spoken
First Parent / Carer		Second Parent / Carer	
Name		Name	
Address		Address	
Phone Numbers		Phone Numbers	
Home:		Home:	
Mobile:		Mobile:	
Languages Spoken		Languages Spoken	
Child's Relevant Medical History / Allergies			
<p>Does your child have a disability or developmental delay?</p> <p> YES <input type="checkbox"/> NO <input type="checkbox"/> </p> <p> If YES, is it.. Queried <input type="checkbox"/> Awaiting Diagnosis <input type="checkbox"/> Has Been Diagnosed <input type="checkbox"/> </p> <p>Details:</p> <div style="height: 150px; border: 1px solid black;"></div>			

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Do you have any other concerns about your child's development or difficulty with managing your child's behaviour?

YES NO

If YES, please provide details:

Is your child attending other Colin Sure Start groups / services and does he/she enjoy doing this?

Yes No

Please provide details of groups attended:

Please tick if your child is being supported by any of the following professionals:

- | | |
|---|-------------|
| <input type="checkbox"/> Consultant Paediatrician | Name: _____ |
| <input type="checkbox"/> Speech and Language Therapy | Name: _____ |
| <input type="checkbox"/> Developmental Intervention Service (DIS) | Name: _____ |
| <input type="checkbox"/> Child Development Clinic (CDC) | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Receiving Dental Treatment | Name: _____ |
| <input type="checkbox"/> Other _____ | Name: _____ |

Is your child known to or has your child been known to Social Services? Yes No

If YES, which team/name of Social Worker _____

Do you give us permission to discuss your child's progress with the above named professionals if deemed appropriate?

Yes No

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Information in relation to the IMMEDIATE Family

Does any family member living with the child have any disability/mental health issues or addiction? Please provide details if Yes

Details of other children in the family:

Child 1: Name:	Date of birth:	Age:
Child 2: Name:	Date of birth:	Age:
Child 3: Name:	Date of birth:	Age:
Child 4: Name:	Date of birth:	Age:

Other siblings and age: _____

Is the child applying part of a multiple birth? e.g. twins Yes No

Parent / Carer Statement:

What do you hope you and your child will gain from taking part in this programme?

- I confirm that all information provided is accurate
- I confirm that my child will be 2 years of age on or before 1st July of the intake year
- I confirm that my child lives within the ward areas covered Colin Sure Start.
- I confirm that my family is registered with Colin Sure Start.
- I confirm that I am prepared to participate in the programme by committing to Parental Engagement Sessions and accept Home Visits to discuss my child's progress.
- I confirm that I will ensure that my child has a minimum of 80% attendance on the programme
- I confirm that I will participate in a minimum of 80% of the Parental Engagement sessions.

If successful you will be required to provide evidence of your child's date of birth and address.

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Venue – Please indicate your preferred venue (number preference 1-5, 1 being your first preference). Please only select one if you are unable/not willing to travel.

- St. Therese, Ardcaoin Drive, Poleglass (12.30pm-3.00pm)
- Lagmore Mobile, Christ the Redeemer parish grounds (09.30am-12.00pm)
- Lagan Valley Education Project, Colinbrook Green, Poleglass (09.30am-12.00pm)
- Ionad Na Fuisioige, Twinbrook (Irish Immersion) (12.45pm-3.15pm)
- Little Rainbows (Additional Needs Group)

Do you drive?

Yes / No

Have access to a car? Yes / No

The information provided is a true and accurate account to the best of my knowledge.

Signature of parent/carer: _____

Date: _____

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Supporting Statement

This part of the form should **ONLY** be completed by a professional who is currently working with the child or family (Sure Start worker, Speech and Language Therapist, Social Worker or other Health Professional) **N.B.** A parent/carer cannot complete this section. Please only use one sheet, parents **MUST** co-sign all information provided.

The programme is suited to all two years olds but in particular those children whose development may be compromised by social, emotional, environmental or physical factors. Please note when completing this statement the response needs to clearly demonstrate how the programme will meet the child's needs. Please include as much information as possible in relation to the child's development and how it may be compromised e.g. if a parent has a disability the statement must reflect how this affects the child and how the programme can be used to support the child. Parents must co-sign all information provided.

Name of Person Providing Statement:	Job Title:
Address: Postcode:	Phone Number:
Statement:	
Signature of person providing statement:	Signature of parent/carer:
Date:	Date:
Please note - Submission of this statement does not guarantee you a place on the Sure Start Developmental Programme for 2-3 Year Olds.	

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