



The Association of Childcare Professionals (Dublin Branch)

The Professional Body representing all Individuals in Childcare & Education
C/o Fingal County Childcare Committee, ABCO KOVEX Building, Swords Business Park, Swords, Co. Dublin
Web: www.acpdublin.ie Email: info@acpdublin.ie

Full Membership Form

Member Details

Male

Female

Membership Number (Office use only)

Personal Details (please print clearly):

Name: _____

Home Address: _____

Tel: _____ Mobile: _____

Email: _____

Business Details:

Name: _____

Address: _____

Tel: _____ Mobile: _____

Email: _____

Experience:

Current position: _____

Amount of time in this position (in years/months): _____

Previous Positions: _____

Amount of time in this sector (in years/months): _____

Professional Childcare Qualifications

(Minimum qualification Major Award FETAC Childcare Level 5 or Equivalent)

| Dates: from – to | School / College / Higher Education Institute | Qualification Obtained |
|---------------------|---|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Are you Garda vetted?

Yes

No

Pending

Date of last check:

How did you hear about us?

(Please tick)

| | | | | | |
|--------------------------|---------------|--------------------------|------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Website | <input type="checkbox"/> | Employer | <input type="checkbox"/> | College/education Centre |
| <input type="checkbox"/> | Conference | <input type="checkbox"/> | Advertising | <input type="checkbox"/> | City/County Childcare Committee |
| <input type="checkbox"/> | Word of mouth | <input type="checkbox"/> | Other (please specify) | _____ | |

Annual Membership Information

Year: _____

Fee (non refundable) €30 cheque/ postal order made payable to ACP (Dublin Branch)

Declaration and Signature

I have read and agree to abide by the Code of Ethics of the Association of Childcare Professionals, the Professional Body representing workers in Early Years Care & Education and School Age Childcare and will commit to 25 Hours of Professional Childcare Development* per year.

Sign: _____ Date: _____

* please see "verifying your continuing professional development" document for further details

Guide to Filling in Application Form

Membership Levels:

- Full member - €30/year
- Associate member - €20/year
- Student member - €10/year

Full member – you must have a minimum of FETAC Level 5 or equivalent educational credentials and a minimum of 2 years of childcare related work experience.

Associate member - you must be a childcare worker with a minimum of 2 years childcare related work experience or currently engaged in childcare related activities and responsibilities and striving towards FETAC Level 5 or higher educational credentials **or** a recent college graduate with no or minimal work experience.

Student member – you must be enrolled in a full or part time education courses, studying childcare to attain FETAC Level 5 or higher.

All applicants should supply photocopies of any educational and professional qualification certificates that support your application.

Applicants currently engaged in childcare or education related course work should submit a letter from a tutor stating the title and number of hours of the course(s) they are involved in. Please make sure the letter is dated and signed by the tutor(s).

Professional Childcare Qualifications: list dates and schools you have attended and qualifications you obtained in a chronological order starting with the most recent one. *For example:*

| Dates: from – to | School / College / Higher Education Institute | Qualification Obtained |
|---------------------|---|----------------------------|
| 15/01/10 – 15/05/10 | Portobello College | FETAC Level 5 in Childcare |
| 09/09/04 – 15/06/06 | University College Dublin | MS in Education |

Office use only:

Date application received: _____ Date accepted by member ship committee: _____

Additional notes:

