

**FTE / ROOM AMENDMENT FORM FOR ECCE HIGHER CAPITATION**  
**Please note that you must already be in receipt of Higher Capitation to use this form.**

Service DCYA Reference:	
Name of Service:	
Contact Name:	

**Please declare all ECCE rooms running at your service.**

ECCE Room	New, Existing or Ceased ECCE room?	Start Time of ECCE Session	Finish Time of ECCE Session	Total FTE children in room (ECCE and non-ECCE)	Number of FTE ECCE children in room	Number of Higher Cap Leaders	Number of Assistants	Receiving Higher Cap Y/N?	Date with effect from
1									
2									
3									
4									
5									

Name of Owner/ Director \_\_\_\_\_ Signed by Owner/ Director \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (BLOCK CAPITALS)

Completed applications can be submitted via email to: [eccehighercap@dcya.gov.ie](mailto:eccehighercap@dcya.gov.ie)