

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