

Notification to Ofsted (form CMA3)

July 2014

This form should be completed by the applicant or registered person. We will use a computer to scan this form. Please complete it in **black ink** and block capitals. When returning this form, make sure you include the current page (page 1). We cannot accept the form without it as it contains information needed for computer scanning.

We need to know about changes to names, addresses and any start or leave dates for:

- all individuals making up an organisation, whose sole purpose is to run childminder agencies, including committee members, partners and directors
- the nominated person for an organisation who will represent the organisation in its dealings with Ofsted
- the manager in charge of the day-to-day running of a childminder agency. If you want us to conduct business with your manager on your behalf we also need to know the name, address and date of birth of your manager. You must obtain the manager's consent for us to hold these details. If you provide your manager's details and sign this form you have confirmed that you have obtained the consent of your manager. If you do not intend for your manager to conduct business with us then we only need to know that you have appointed or changed your manager and the date on which they start/have started employment with you.

All individuals, other than new managers, entered in Section C **must** complete a CMA2 form. CMA2 forms are available from the Ofsted website.

If you need any help to complete this form, please contact us on **0300 123 1231**.

Please return your completed application form to:

Ofsted
Piccadilly Gate
Store Street
Manchester
M1 2WD

Please leave blank for Ofsted use



A Details of childminder agency

A1	Ofsted unique reference number (URN) if known																		
A2	Name of individual or registered provider																		
A3	Name of agency																		
A4	Address of agency																		
	Postcode																		

B Notification to Ofsted of changes – leavers

Please list any individuals who are no longer associated with the above agency.																			
Title	First name	Surname						Date of birth (dd/mm/yyyy)											
Position							Date left												
Title	First name	Surname						Date of birth (dd/mm/yyyy)											
Position							Date left												

C Notification to Ofsted of changes – new associations

Please list any individuals who are new to the above agency.																			
Title	First name	Surname						Date of birth (dd/mm/yyyy)											
Position							Date started												
Title	First name	Surname						Date of birth (dd/mm/yyyy)											
Position							Date started												
Title	First name	Surname						Date of birth (dd/mm/yyyy)											
Position							Date started												

I confirm that I have the consent of my appointed manager for Ofsted to hold their details provided on this form for the purpose of conducting business on my behalf.																		
Signed																		
Print name																		
Date of completion																		