



Expression of Interest in RCCC Quality Engagement Initiative (Síolta Rollout) for County Roscommon



Name of Service _____

Address of Service _____

Contact Name for Síolta Roll out _____

Type of Service: (i.e sessional/ full day care etc) _____

Management of service (Community/ private/ other) _____

Number of children in service _____

Hours of opening _____

Phone number: Land Line: _____ Mobile: _____

Email (please ensure that your email address is valid as it will be used frequently for contact purposes)

Please circle which level you would like to be involved at:

Option 1 Onsite mentoring (1 visit per month), including peer support & cluster group meetings

Option 2 Peer support and cluster group only

I understand that if I choose option 1 above I will endeavour to ensure attendance of the management and childcare team at the cluster group sessions and allocation of staff time during onsite visits by the Síolta Coordinator.

I agree to devote time between visits with the Síolta Coordinator to implementing changes and reflecting on practice to ensure my service derives the best benefit from Síolta.

Signed _____

Position _____