



**Application for home-based educator emergency closure due to an infectious disease**

**EC30 HB – Home-based educator emergency closure**

DATE RECEIVED (Office only) / /

**When to use this application:**

- This form collects information that the Ministry requires for the approval of home-based educator emergency closure.
- Where a home-based educator is unwell and not able to provide education and care due to infectious disease/illness, services can apply for emergency closure approval. Absence funding will be applied in these instances.
- The use of emergency closure approval in this circumstance only applies to the educator who has an infectious disease, not other residents in their household.
- More information and guidance relating to infectious diseases can be found in [the Licensing Criteria for home-based ECE services, HS23 Response to infectious illness](#)
- Services will need to consider alternative options, including offering other educator options to families where an educator is not operating due to an infectious disease.
- If requested services may need to provide evidence relating to educator absences due to infectious diseases and what alternative options to provide care for children were explored. The type and level of evidence required will depend on the context of the situation. E.g. communications between the educator and service provider; service provider and parent.
- Home-based services must meet the required criteria, as outlined in ECE Funding Handbook, at the time of applying.
- Applications can be submitted monthly to the local Ministry office. Any applications older than one calendar month will not be approved.

Send the completed forms to your local office: [www.education.govt.nz](http://www.education.govt.nz)

Please retain a copy of this form and the letter of approval for audit purposes.

**1. Home-based service**

Home-based Service Name

Service Number (printed on licence)

Home-based Service Address

## 2. Educator absence

Educator name	Reason for educator emergency closure due to infectious disease	Dates of emergency closure

## 3. Declaration

To be completed by the management of the named home-based service (*you must complete this declaration in full or your application will not be processed*)

I can confirm that:

- We have attempted to offer other educator options to the families of the enrolled children that attend the above educator/s' home/s.
- The educator/s was/were unable to provide education and care due the educator/s being unwell with an infectious disease as detailed in point 2.

I confirm that the information in this form is true and correct and that the named home-based service meets all other requirements (refer to the Early Childhood Funding Handbook for further details).

I certify that the information in this application is correct.

Name

Signature

Date

Position held