



GOVERNMENT OF BERMUDA
Department of Health

DAY CARE CENTRE PERSONNEL OVERVIEW FORM (V.1)

SECTION B: PERSONNEL (person in charge and deputy verified by qualification letter issued by CCRP):	
Person in Charge (1):	Qualification Letter: <input type="checkbox"/> Yes <input type="checkbox"/> No
Person in Charge (2):	Qualification Letter: <input type="checkbox"/> Yes <input type="checkbox"/> No
Deputy Person in Charge (1):	Qualification Letter: <input type="checkbox"/> Yes <input type="checkbox"/> No
Deputy Person in Charge (2):	Qualification Letter: <input type="checkbox"/> Yes <input type="checkbox"/> No
List all other personnel by their position (staff and assistants verified by qualification letter issued by CCRP):	
Staff:	
Assistants:	
Substitutes:	
Students/Volunteers:	
*Name Driver(s) of School Vehicle:	
^Names of Maintenance Staff:	
List All CPR Certified Staff:	

Printed Name of Applicant

Signature of Applicant

Date