


Childcare Costs
Confirmation Form
2011/12



 You should only complete this form if you have already completed a Childcare Grant Application Form (CCG1) and provided us with estimated childcare costs.

Why should I complete this form?

You and your childcare provider(s) must complete this form to confirm your actual childcare costs. Based on these costs we will reassess your Childcare Grant entitlement and, if you have been overpaid or underpaid, will adjust your entitlement accordingly.

How do I complete this form?

- You need to complete **sections 1 and 2** and sign the **Student declaration** (if applicable).
- **All** of your childcare providers must complete **section 3** and sign the **declarations**

If you need to provide further information for any section, please use the 'Additional notes' page at the back of this form.

When should I return this form?

You should return the form to us as soon as possible to avoid any delays with future payments. The tables below list the time periods we need childcare costs for and the deadline date you must provide these costs by.

You may have to send this form to us up to 3 times over the course of your academic year depending on your childcare circumstances and when you apply for a Childcare Grant.

Course started in September		Course started in January	
Confirming payments for	Deadline	Confirming payments for	Deadline
Period 1 (1 Sep 11 – 23 Oct 11)	4 November 2011	Period 1 (1 Jan 12 - 4 Mar 12)	16 March 2012
Period 2 (24 Oct 11 – 22 Jan 12)	3 February 2012	Period 2 (5 Mar 12 – 3 Jun 12)	15 June 2012
Period 3 (23 Jan 12 – 31 Aug 12)	7 September 2012	Period 3 (4 Jun 12 – 31 Dec 12)	21 January 2013

If your course did **not** start in September or January you must return this form as soon as possible with details of childcare costs since the start of the term or since the last period covered by a previous CCG2 form.

If you are in the **final year** of your course **or** are not using childcare during the long vacation **and** your course started in September, you should return your third 'Childcare Costs Confirmation Form' by **20 July 2012**.

Where do I return this form to?

Return this form to us at **Student Finance England, PO Box 210, Darlington, DL1 9HJ**.

What happens if I don't return this form?

If you don't return this form you will not receive any further Childcare Grant payments. We may also ask you to repay any Childcare Grant payments you have already received.

 **It is an offence to knowingly provide false information on this form.**



a Personal details

Customer Reference Number

Forename(s)

Surname

Date of birth

Your full current home address
(**not** your university or college address)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>									
Postcode	<input type="text"/>								

section 1 student's details

Do you, your husband, wife or partner receive, or expect to receive, the childcare element of Working Tax Credit during the academic year 2012/13?

Yes **No**



If 'Yes' you cannot also receive Childcare Grant. However you can choose to receive childcare grant instead of the childcare element of Working Tax Credit if you wish

b Childcare cost period

Which period are you confirming payments made to your childcare provider?

September course start

Period 1 (1 Sep 11 – 23 Oct 11)

Period 2 (24 Oct 11 – 22 Jan 12)

Period 3 (23 Jan 12 – 31 Aug 12)

January course start

Period 1 (1 Jan 12 - 4 Mar 12)

Period 2 (5 Mar 12 – 3 Jun 12)

Period 3 (4 Jun 12 – 31 Dec 12)

Other course start

From

To



c Childcare details

Please provide the details of children who were in the care of a **registered or approved** childcare provider for the period you are confirming your childcare payments.

Child's full name	Date of birth (DD MM YYYY)
Child 1	
Child 2	
Child 3	
Child 4	
Child 5	

You only need to complete this section if your childcare costs per week are likely to change from the costs estimated on your Childcare Grant Application Form.

a Childcare costs

 Please provide your new childcare costs **per week** below. Any weeks or periods where you will not pay for childcare should be included.

Name of child	Costs per week				
	Child 1	Child 2	Child 3	Child 4	Child 5
Before Term 1	£ per week	£ per week	£ per week	£ per week	£ per week
Term 1	£ per week	£ per week	£ per week	£ per week	£ per week
Holiday 1	£ per week	£ per week	£ per week	£ per week	£ per week
Term 2	£ per week	£ per week	£ per week	£ per week	£ per week
Holiday 2	£ per week	£ per week	£ per week	£ per week	£ per week
Term 3	£ per week	£ per week	£ per week	£ per week	£ per week
If you are in the final year of your course, we can only pay the childcare grant up until the last day of your final term.					
After Term 3	£ per week	£ per week	£ per week	£ per week	£ per week

b Exceptions to childcare costs

If you do not pay for childcare for a whole term or holiday period, or if your childcare costs are different in any week to those you have given, please provide details below.

Do not include any information about free Early Years education.

Name of child	Weeks in which you do not pay childcare or in which you pay different amounts		Weekly childcare costs (£s)
	From (DD MM YYYY)	To (DD MM YYYY)	

Student declaration

Our Data Protection Statement sets out who will use the information provided on this form and what they will use it for. Before signing this form please read our statement online at www.direct.gov.uk/studentfinance-dataprotection. Alternatively, you can request a copy by writing to the Student Loans Company (SLC) at 100 Bothwell Street, Glasgow, G2 7JD or by calling us on 0845 300 5090.

If you cannot sign this form it must be signed on your behalf by your Power of Attorney. The Power of Attorney letter must be sent with this form before a signature from that Power of Attorney will be accepted.

- I confirm that to the best of my knowledge and belief, the information I have provided is true and complete. If it is not I understand I might be refused financial support, or I may be prosecuted and my financial support withdrawn.

Your full name (in BLOCK CAPITALS)

Your signature

X

Date

DD / MM / YYYY



Important information

Before asking all of your childcare provider(s) to complete section 3, you must ensure that each childcare provider is approved or registered as detailed in the Childcare Grant and other support for full-time student parents in higher education 2012/13 booklet.

To be completed by your first childcare provider

Instructions

Please:

- provide your details (a);
- provide your childcare registration/approval details (b);
- advise the amounts charged by you for the period shown in section 1b of this form (c); and
- sign the declaration (d).

Once completed, please return this form to the student.

a Childcare provider 1 details

Name of childcare provider 1

Address

[]	
[]	
Postcode	[]
[]	

Phone number

b Childcare provider 1 registration/approval details

Please tick the appropriate box and provide the details requested.

As a childcare provider in **England**, I am registered with Ofsted.

Registration number

[]	[]	[]	[]	[]	[]	[]	[]		
D	D	/	M	M	/	Y	Y	Y	Y

Date of registration

As a childcare provider in **Wales**, I am registered with the Care and Social Services Inspectorate for Wales (CSSIW).

Registration number

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
D	D	/	M	M	/	Y	Y	Y	Y						

Date of registration

As a childcare provider in **Northern Ireland**, I am registered with a Health and Social Services Trust.

Registration number

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
D	D	/	M	M	/	Y	Y	Y	Y						

Date of registration

To be completed by your first childcare provider

As a childcare provider in **Scotland**, I am registered with the Scottish Commission for the Regulation of Care.

Registration number

Date of registration

I am approved by or registered with another organisation and I have given their details below.

Name and address of the organisation which granted approval or that you are registered with

Name

Address

Postcode

Phone number

Reference number

Date of approval or registration

Date approval or registration ends



You must now enter the amounts paid to you and sign the declaration.

To be completed by your first childcare provider

Please provide the dates and total **weekly** amounts you have **charged** for childcare. This should cover **each week beginning on a Monday** in the period shown in section 1b. Do not include any early-years payments you expect to receive from the early-years section at your local authority.

c Week beginning			Childcare amount	Week beginning			Childcare amount
From (DD MM YYYY)			(£)	From (DD MM YYYY)			(£)
			per week				per week
			per week				per week
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			per week				per week
			per week				per week
			per week				per week
Total amount you				have received in this period			£

d Childcare provider 1 declaration

I confirm that I have provided childcare for a child (or children) named in section 1c and have charged the weekly childcare amounts shown above.

Your full name (in BLOCK CAPITALS)

Your signature

Date
 / /

To be completed by your second childcare provider

Instructions

Please:

- provide your details (a);
- provide your childcare registration/approval details (b);
- advise the amounts charged by you for the period shown in section 1b of this form (c); and
- sign the declaration (d).

Once completed, please return this form to the student.

a Childcare provider 2 details

Name of childcare provider 2

Address

Postcode

Phone number

b Childcare provider 2 registration/approval details

Please tick the appropriate box and provide the details requested.

As a childcare provider in **England**, I am registered with Ofsted.

Registration number

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Date of registration

D	D	/	M	M	/	Y	Y	Y	Y
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As a childcare provider in **Wales**, I am registered with the Care and Social Services Inspectorate for Wales (CSSIW).

Registration number

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Date of registration

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

As a childcare provider in **Northern Ireland**, I am registered with a Health and Social Services Trust.

Registration number

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Date of registration

D	D	/	M	M	/	Y	Y	Y	Y
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To be completed by your second childcare provider

As a childcare provider in **Scotland**, I am registered with the Scottish Commission for the Regulation of Care.

Registration number

Date of registration

I am approved by or registered with another organisation and I have given their details below.

Name and address of the organisation which granted approval or that you are registered with:

Name

Address

Postcode

Phone number

Reference number

Date of approval or registration

Date approval or registration ends



You must now enter the amounts paid to you and sign the declaration.



To be completed by your second childcare provider

Please provide the dates and total **weekly** amounts you have **charged** for childcare. This should cover **each week beginning on a Monday** in the period shown in section 1b. Do not include any early-years payments you expect to receive from the early-years section at your local authority.

Week beginning From (DD MM YYYY)	Childcare amount (£)	Week beginning From (DD MM YYYY)	Childcare amount (£)
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<input type="text"/> / <input type="text"/> / <input type="text"/>	per week	<input type="text"/> / <input type="text"/> / <input type="text"/>	per week
Total amount you			£
have received in this period			

d Childcare provider 2 declaration

I confirm that I have provided childcare for a child (or children) named in section 1c and have charged the weekly childcare amounts shown above.

Your full name (in BLOCK CAPITALS)

Your signature Date

X

To be completed by your third childcare provider

Instructions

Please:

- provide your details (a);
- provide your childcare registration/approval details (b);
- advise the amounts charged by you for the period shown in section 1b of this form (c); and
- sign the declaration (d).

Once completed, please return this form to the student.

a Childcare provider 3 details

Name of childcare provider 3

Address

Postcode

Phone number

b Childcare provider 3 registration/approval details

Please tick the appropriate box and provide the details requested.

As a childcare provider in **England**, I am registered with Ofsted.

Registration number

D	D	/	M	M	/	Y	Y	Y	Y

Date of registration

As a childcare provider in **Wales**, I am registered with the Care and Social Services Inspectorate for Wales (CSSIW).

Registration number

D	D	/	M	M	/	Y	Y	Y	Y										

Date of registration

As a childcare provider in **Northern Ireland**, I am registered with a Health and Social Services Trust.

Registration number

D	D	/	M	M	/	Y	Y	Y	Y											

Date of registration

To be completed by your third childcare provider

As a childcare provider in **Scotland**, I am registered with the Scottish Commission for the Regulation of Care.

Registration number

Date of registration

 / /

I am approved by or registered with another organisation and I have given their details below.

Name and address of the organisation which granted approval or that you are registered with:

Name

Address

Postcode

Phone number

Reference number

Date of approval or registration

 / /

Date approval or registration ends

 / /


You must now enter the amounts paid to you and sign the declaration.

To be completed by your third childcare provider

Please provide the dates and total **weekly** amounts you have **charged** for childcare. This should cover **each week beginning on a Monday** in the period shown in section 1b. Do not include any early-years payments you expect to receive from the early-years section at your local authority.

Week beginning From (DD MM YYYY)	Childcare amount (£)	Week beginning From (DD MM YYYY)	Childcare amount (£)
<input type="text"/>	per week	<input type="text"/>	per week
<input type="text"/>	per week	<input type="text"/>	per week
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<input type="text"/>	per week	<input type="text"/>	per week
<input type="text"/>	per week	<input type="text"/>	per week
<input type="text"/>	per week	<input type="text"/>	per week
Total amount you			£ <input type="text"/>
have received in this period			

d Childcare provider 3 declaration

I confirm that I have provided childcare for a child (or children) named in section 1c and have charged the weekly childcare amounts shown above.

Your full name (in BLOCK CAPITALS)	
<input style="width: 100%;" type="text"/>	
Your signature	Date
<input style="width: 100%;" type="text"/>	<input type="text"/>
<input type="text"/>	DD / MM / YYYY

Additional notes

If you are providing extra information below please clearly mark what section and question the information is about.

Student's checklist

Before returning this form, please make sure that you have done the following:

- Fully answered section 1.
- Completed section 2 if your weekly childcare costs have changed.
- Signed and dated the Student's declaration on page 6.
- Asked your childcare provider(s) to complete section 3.



Please remember to pay the correct postage.

You must return your completed form to Student Finance England, PO Box 210, Darlington, DL1 9HJ.