

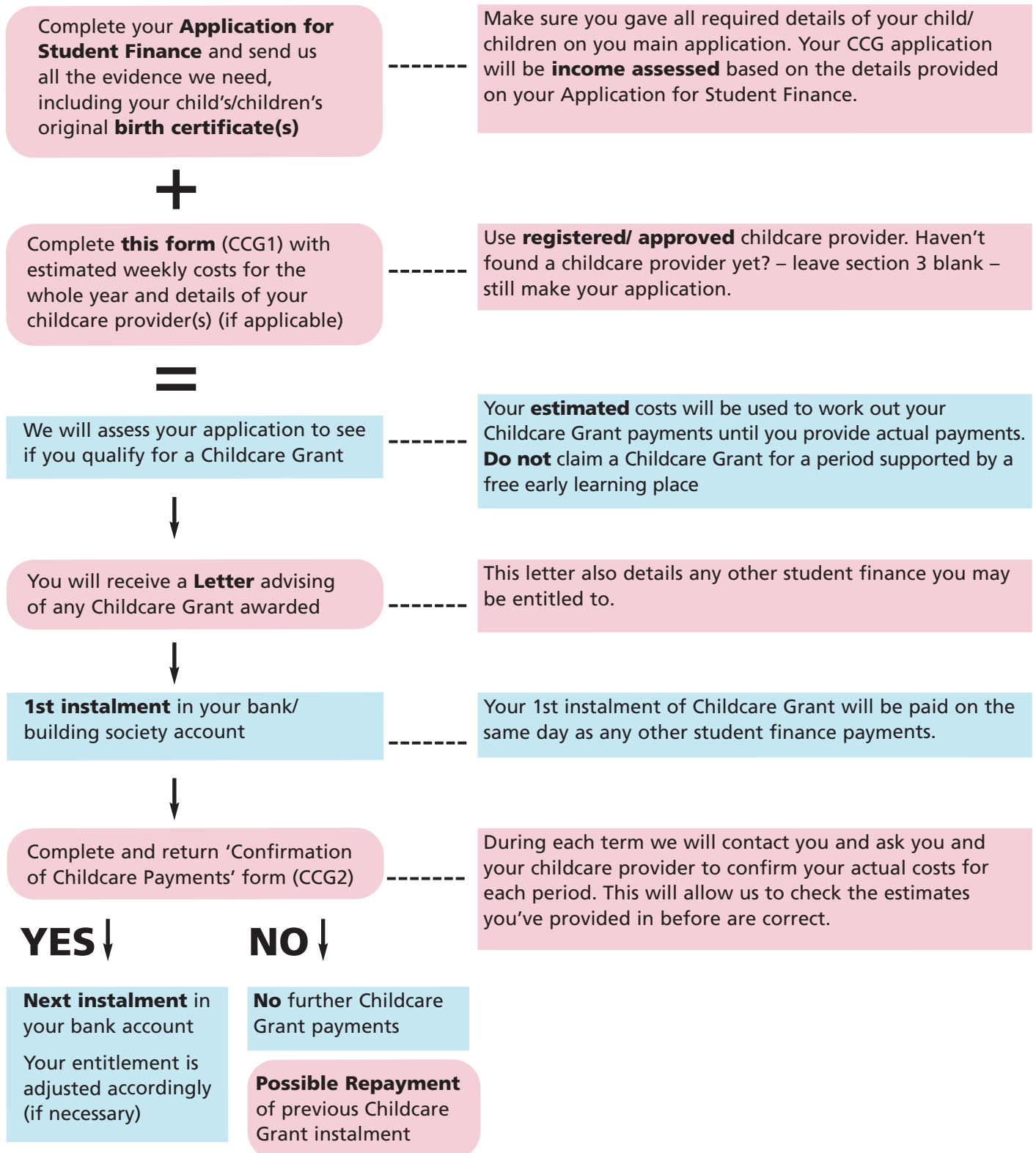
Childcare Grant
Application Form

2011/12

Estimated Costs



Steps to Getting a Childcare Grant



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



Instructions

- **Sections 1 and 2** must be completed by **you**.
- **Section 3** must be completed by all of **your childcare provider(s)**.
- **Answer all the questions.** If you leave any questions blank we will not be able to process your application for Childcare Grant. If a question does not apply to you, please enter 'None' or 'N/A' as the answer.
- If you want to provide further information for any section, please attach a separate piece of paper to this form.

How can I contact you?

- Visit **www.direct.gov.uk/studentfinance**
- Contact us on **0845 300 5090** or by textphone on **0845 604 4434**.



Please remember to pay the correct postage.

Once you have completed this form, and signed and dated the declaration, please return it to us at:

**Student Finance England
PO Box 210
Darlington
DL1 9HJ**

Personal details

Customer Reference Number

Forename(s)

Surname

Date of birth

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

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Postcode	<input type="text"/>									

section 1 student's details



a Childcare details

Please provide details of children who will be receiving registered or approved childcare during your academic year. You should only include childcare provided from the first day of your 2011/12 academic year.

Child's full name	Date of birth	Date childcare started in academic year 2011/12
Child 1	(DD MM YYYY)	(DD MM YYYY)
Child 2		
Child 3		
Child 4		
Child 5		

b Early Years Service

You may get a free place for a child from the Early Years Service within your local authority. Your application for Childcare Grant must not include costs for these early learning places.

Will any child mentioned in section 2a receive a free early learning place during the academic year 2011/12?

Yes No

If 'Yes', please give the name and address of the provider(s) below.

Name of provider	Address

c Childcare estimates

Please enter each child's name and your weekly childcare costs incurred during your university or college terms and holidays.

The earliest we can pay for your childcare costs is the start of your academic year. If you want to claim for the period between the first day of your academic year and the start of term 1 then please complete weekly costs 'Before Term 1'.

Weekly Costs					
Name of child	Child 1	Child 2	Child 3	Child 4	Child 5
Before Term 1	£	£	£	£	£
Term 1	£	£	£	£	£
Holiday 1	£	£	£	£	£
Term 2	£	£	£	£	£
Holiday 2	£	£	£	£	£
Term 3	£	£	£	£	£
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	£	£	£	£	£

It is recommended that you take a note of the estimates provided as this information may be helpful when you complete your actual costs later in the year on the 'Childcare Costs Confirmation Form' (CCG2).

d Exceptions to childcare estimates

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 in 2c, please provide details below.

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 50 90.

- 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 prosecuted and my financial support withdrawn.

Your full name (in BLOCK CAPITALS)

Your signature

X

Date

 / / 

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 2011/12' booklet.

Student's checklist

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

- Fully answered all the relevant questions.
- Signed and dated the Student declaration.
- Asked your childcare provider(s) to complete section 3 (if applicable).

To be completed by childcare provider (1)

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

<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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Date of approval or registration

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Date approval or registration ends

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Childcare provider declaration

I agree to provide childcare as shown in section 2 of this form and that this childcare has been approved by or registered with the organisation that I have indicated.

Your full name (in BLOCK CAPITALS)

Your signature

Date

<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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To be completed by childcare provider (2)

Childcare provider details

Name of childcare provider

Address

Postcode

Phone number

Childcare provider 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

Date of registration

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

Registration number

Date of registration

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

Registration number

Date of registration

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

Registration number

Date of registration

To be completed by childcare provider (2)

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

<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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Date of approval or registration

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Date approval or registration ends

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Childcare provider declaration

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Your full name (in BLOCK CAPITALS)

Your signature

Date

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To be completed by childcare provider (3)

Childcare provider details

Name of childcare provider

Address

Phone number

[]	
[]	
Postcode	[]
[]	

Childcare provider 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

Date of registration

[]	[]	[]	[]	[]	[]	[]	[]		
[]	[]	/	[]	[]	/	[]	[]	[]	[]

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

Registration number

Date of registration

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

Registration number

Date of registration

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

Registration number

Date of registration

[]	[]	[]	[]	[]	[]	[]	[]		
[]	[]	/	[]	[]	/	[]	[]	[]	[]

To be completed by childcare provider (3)

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

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Date of approval or registration

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Childcare provider declaration

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Your signature

Date

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