

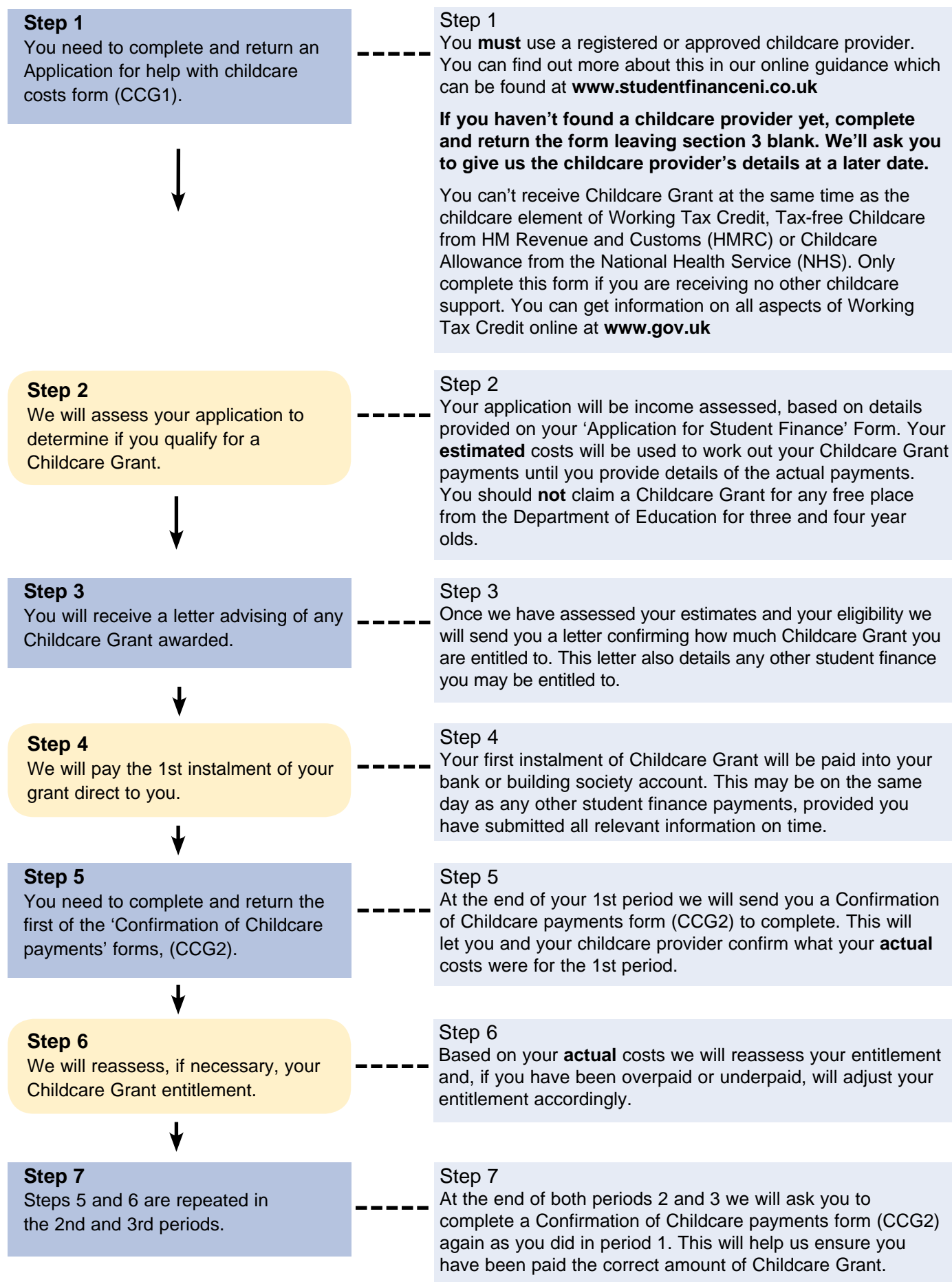
Three stacked hexagons in shades of teal, with the top one being a darker shade.

# CCG1

Application for help with  
childcare costs 2016/17

Three large hexagons in shades of teal, arranged horizontally. The leftmost hexagon is a darker shade, while the middle and right ones are lighter shades.

# Steps to getting a Childcare Grant (CCG) if you have dependent children in registered or approved childcare.



**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 **your childcare provider(s)**.
- **Answer all the questions.** If you leave any questions blank we will not be able to process this application. 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 blank piece of paper to the back of this form.
- You must send your 2016/17 Child Tax Credit Award Notice (TC602) with this form.

section

1

## student's details

Customer Reference Number

Forename(s)

Surname

Date of birth

DAY MONTH YEAR

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

Postcode

section

2

## student's childcare details

### 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 2016/17 academic year.

| Child's full name | Date of birth                                    |  |   | Date childcare started in academic year 2016/17  |  |   |
|-------------------|--|--|---|--|--|---|
| Child 1           | DAY<br><input type="text"/> <input type="text"/> | MONTH<br><input type="text"/> <input type="text"/> | YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY<br><input type="text"/> <input type="text"/> | MONTH<br><input type="text"/> <input type="text"/> | YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Child 2           | DAY<br><input type="text"/> <input type="text"/> | MONTH<br><input type="text"/> <input type="text"/> | YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY<br><input type="text"/> <input type="text"/> | MONTH<br><input type="text"/> <input type="text"/> | YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Child 3           | DAY<br><input type="text"/> <input type="text"/> | MONTH<br><input type="text"/> <input type="text"/> | YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY<br><input type="text"/> <input type="text"/> | MONTH<br><input type="text"/> <input type="text"/> | YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Child 4           | DAY<br><input type="text"/> <input type="text"/> | MONTH<br><input type="text"/> <input type="text"/> | YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY<br><input type="text"/> <input type="text"/> | MONTH<br><input type="text"/> <input type="text"/> | YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Child 5           | DAY<br><input type="text"/> <input type="text"/> | MONTH<br><input type="text"/> <input type="text"/> | YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY<br><input type="text"/> <input type="text"/> | MONTH<br><input type="text"/> <input type="text"/> | YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

## student's childcare details

b

You may get a free place for a child aged three or four from the Department of Education. Your application for Childcare Grant must not include costs for these places.

Will any child mentioned in question 2a receive a free place from the Department of Education for three and four year olds **during** the academic year 2016/17? Yes ☐ No ☐

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


 Postcode 

c

### Childcare estimates

Tell us each child's name and how much your weekly childcare costs will be for the full academic year, including 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 please complete weekly costs 'Before term 1'.

#### You must complete the table below with 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 form CCG2.

## student's childcare details

**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 question 2c, please provide details below.

| Name of child | Weeks in which you do not pay childcare or in which you pay different amounts |                 | Total weekly childcare costs (£) |
|---------------|---|-----------------|----------------------------------|
|               | 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.studentfinanceni.co.uk/dataprotection](http://www.studentfinanceni.co.uk/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 our Customer Support Office on 0300 100 0077.

- 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 may be refused financial support, and any support I have had may be withdrawn and I could be prosecuted.
- I confirm that neither I nor my husband, wife, civil partner or cohabiting partner have chosen to receive support for childcare from the childcare element of:  
(i) the Working Tax Credit; (ii) Tax-Free Childcare; and/or (iii) the NHS Childcare Allowance; and I agree to tell SLC immediately if I or my husband, wife, civil partner or cohabiting partner does receive this support. I understand that SLC reserves the right to share my personal data with HMRC to check whether I am in receipt of childcare support from HMRC.

Your full name (in  
BLOCK CAPITALS)

Your signature

Today's  
date

DAY

MONTH

YEAR



## Important information

Your childcare provider(s) completes section 3 of this form; you must ensure that each childcare provider is approved or registered as described in our online guidance. This can be found at **[www.studentfinanceni.co.uk](http://www.studentfinanceni.co.uk)**

You cannot receive a Childcare Grant if you or your husband, wife or partner are receiving the childcare element of Working Tax Credit, Tax-free childcare from HMRC or Childcare Allowance from the NHS

You need to send us all the evidence we need, including your child's/children's original long birth certificate(s), and any evidence that you have care of the child/children, for example, your Child Tax Credit Award Notice (TC602).

## to be completed by childcare provider (1)

**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.

☐**Registered childcare provider in Northern Ireland**

I am registered with a Health and Social Services Trust as a childminder or provider of daycare.

Registration number (if applicable)

Date of registration

| DAY                                       | MONTH                                     | YEAR  |
|---|---|---|
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Please sign the childcare provider declaration on the next page.

☐**Approved or registered childcare provider in England, Scotland or Wales**

Registration number

Date of approval or registration

This lasts from

| DAY                                       | MONTH                                     | YEAR  |
|---|---|---|
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

To

| DAY                                       | MONTH                                     | YEAR  |
|---|---|---|
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

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

Postcode

Phone number

Please sign the childcare provider declaration on the next page.

### 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

**X**

Today's  
date

DAY

MONTH

YEAR


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



## to be completed by childcare provider (2)

**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.

☐**Registered childcare provider in Northern Ireland**

I am registered with a Health and Social Services Trust as a childminder or provider of daycare.

Registration number (if applicable)

Date of registration

| DAY                  | MONTH                | YEAR                 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please sign the childcare provider declaration on the next page.

☐**Approved or registered childcare provider in England, Scotland or Wales**

Registration number

Date of approval or registration

This lasts from

| DAY                  | MONTH                | YEAR                 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

To

| DAY                  | MONTH                | YEAR                 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

Postcode

Phone number

Please sign the childcare provider declaration on the next page.

### 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

Today's  
date

DAY

MONTH

YEAR



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

## 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 all the relevant questions

tick ☐

Checked that your childcare provider is fully registered or approved. For more information read our online guidance available at **[www.studentfinanceni.co.uk](http://www.studentfinanceni.co.uk)**

tick ☐

Asked your childcare provider(s) to complete section 3 (if applicable)

tick ☐

Attached all the evidence we need, including your child's/children's original long birth certificate(s), and any evidence that you have care of the child/children, for example, your 2016/17 Child Tax Credit Award Notice (TC602)

tick ☐

Signed and dated the Student's Declaration

tick ☐



**Please remember to pay the correct postage.**

**You must return your completed form to the Education Authority (EA) address which can be found using the EA finder available online at [www.studentfinanceni.co.uk](http://www.studentfinanceni.co.uk)**