

Childcare Grant Application Form

2010/11

Estimated Costs



This form is also available on our website at
www.direct.gov.uk/studentfinance



CCG1

SFE/CCG1/1011

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

Step 1

You need to complete and return a Childcare Grant Application Form. (CCG1).

Step 1

You **must** use a registered or approved childcare provider as detailed in the 'Childcare Grant and other support for full-time student parents in Higher Education 2010/11' booklet. If you have not yet found a childcare provider leave Section 3 blank and still make your application. Do **not** complete this form if you or your husband, wife or partner are receiving the childcare element of the Working Tax Credit.

Step 2

We will assess your application to determine if you qualify for a Childcare Grant.

Step 2

Your application will be income assessed, based on details provided on your Application for Student Finance Form. Your **estimated** costs will be used to work out your Childcare Grant payments until you provide details of the actual payments. You should **not** claim a Childcare Grant for a period that is supported by a free early learning place.

Step 3

You will receive a letter advising of any Childcare Grant awarded.

Step 3

Once we have assessed your estimates and your eligibility we will send you a letter confirming how much Childcare Grant you are entitled to. This letter also details any other student finance you may be entitled to.

Step 4

We will pay the 1st instalment of your grant direct to you.

Step 4

Your first instalment of Childcare Grant will be paid into your bank or building society account on the same day as any other student finance payments.

Step 5

You need to complete and return the first of the Childcare Costs Confirmation Forms (CCG2).

Step 5

At the end of your 1st period we will send you a Childcare Costs Confirmation Form (CCG2) to complete. This will let you and your childcare provider confirm what your actual costs were for the 1st period against what you estimated.

Step 6

We will reassess, if necessary, your Childcare Grant entitlement.

Step 6

Based on your actual costs we will reassess your entitlement and, if you have been overpaid or underpaid, will adjust your entitlement accordingly.

Step 7

Steps 5 and 6 are repeated in the 2nd and 3rd periods.

Step 7

At the end of both period 2 and 3 we will ask you to complete a Childcare Costs Confirmation Form (CCG2) again as you did in period 1. This will help us ensure you have been paid the correct amount of 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 use the 'Additional notes' page at the back of this form.

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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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 2010/11 academic year.

| Child's full name | Date of birth | Date childcare started in academic year 2010/11 |
|-------------------|---------------|---|
| 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 2010/11?

☐ 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) | |
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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 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:

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 2010/11 booklet.

To be completed by childcare provider (1)

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 (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:

Phone number:

Reference number:

Date of approval or registration:

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:

X

Date:

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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:

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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:

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:

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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:

Phone number:

Reference number:

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:

X

Date:

/

/

To be completed by childcare provider (3)

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:

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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:

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:

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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:

Phone number:

Reference number:

Date of approval or registration:

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:



Additional notes

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



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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).



Please remember to pay the correct postage.

You must return your completed form to us at the address shown on the list available online at www.direct.gov.uk/studentfinance.