



Application for help with childcare costs 2007/08

CCG1

This form is also available at www.studentfinancedirect.co.uk

Please enter your name in the following boxes before completing the rest of this form.			
Your forename(s):		Your surname:	

Important Information

- Do not complete this form if you or your, husband, wife or partner are receiving the childcare element of the Working Tax Credit.
- You must use a registered or approved childcare provider.
- If you have not yet found a childcare provider, you may leave section 2 blank and still make your application. You will have to provide confirmation in your first term that your childcare provider is registered or approved. You will need to do this on form "Confirmation of childcare payments" (CCG2)
- Your estimated costs will be used to work out your Childcare Grant payments until you provide details of the actual payments. You will be asked to confirm your actual payments on form CCG2.
- You should not claim a Childcare Grant for a period that is supported by any free early-years education.
- For further information please refer to the booklet "Childcare Grant and other support for full-time student parents in higher education in 2007/08".

Instructions

- Complete this form in black ink and BLOCK CAPITALS.
- You must complete section 1.
- Your childcare provider must complete section 2.
- Answer all the questions. If a question does not apply to you, write "N/A" or "None". If you do not, we
 may return this form to you as it will appear incomplete. This may delay your application for Childcare
 Grant.
- Once you have completed this form and signed and dated the declaration, please return it to us at the address shown on the letter accompanying this form or on the contact list available online at www.studentfinancedirect.co.uk.

section



student's details

а	ART ID:				
	Your forename(s):				
	Your surname:				
	Date of birth:	DAY MONTH Y	EAR		
	Your full current hor	me address (not	your university or colle	ege address):	
			Pos	stcode:	
b	Childcare during y	our university	or college terms and	holidays	
	childcare during you	ur university or c from the first day	ollege terms and holid	ving registered or approved ays. You should only include emic year (i.e. usually from	
	Full name of	child	Date of birth	Date childcare started in academic year 2007/08	1
		child			1
	Full name of		Y MONTH YEAR	academic year 2007/08	1
	Full name of	DA	MONTH YEAR MONTH YEAR	DAY MONTH YEAR	1
	Full name of	DA'	MONTH YEAR MONTH YEAR MONTH YEAR MONTH YEAR	DAY MONTH YEAR DAY MONTH YEAR DAY MONTH YEAR	
	Full name of 1 2 3	DA'	MONTH YEAR MONTH YEAR MONTH YEAR MONTH YEAR MONTH YEAR	DAY MONTH YEAR DAY MONTH YEAR DAY MONTH YEAR DAY MONTH YEAR	
	Full name of 1 2 3	DA' DA'	MONTH YEAR MONTH YEAR MONTH YEAR MONTH YEAR MONTH YEAR	DAY MONTH YEAR	
	Full name of 1 2 3	DA' DA'	MONTH YEAR MONTH YEAR MONTH YEAR MONTH YEAR MONTH YEAR	DAY MONTH YEAR	
	Full name of 1 2 3	DA' DA'	MONTH YEAR MONTH YEAR MONTH YEAR MONTH YEAR MONTH YEAR	DAY MONTH YEAR	



student's details

С	You may get a free place for a child aged three or four from the early-years service within your local authority. In this case they will pay or reimburse all of the costs of the place, irrespective of your income. You cannot apply for Childcare Grant to pay for these places. Your childcare provider should claim these costs back directly through the early-years service.
	Will any child mentioned in section 1b receive free early years education for three and four year olds during the academic year?
	If 'Yes', please give the name and address of the provider(s) below.
	Postcode:

Do not include any costs that are paid for by free early-years education for three and four year olds. Please enter each child's name and your weekly childcare costs, after taking off other grants for childcare, during your university or college terms and vacations. The earliest we can pay for your childcare costs is the start of your academic year (this is usually 1 September 2007). Complete "Weekly costs before term 1" if you want to claim for the period between the first day of your academic year and the start of term 1.

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Weekly costs					
Name of child	1	2	3	4	5
Before term 1	£	£	£	£	£
Term 1	£	£	£	£	£
Vacation 1	£	£	£	£	£
Term 2	£	£	£	£	£
Vacation 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	£	£	£	£	£

If any of your childcare costs will vary from those shown above, provide details of these in 1e. You may find it helpful to take a note of the above estimates for when you have to complete your actual costs on form CCG2.



student's details

You and your childcare provider will be asked to complete a separate form CCG2 three times during the year, by the following dates:

• 9 November 2007

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• 8 February 2008

• 15 September 2008

Students in the final year of their course and students not using childcare during the long vacation should return their third CCG2 form by 25 July 2008.

If you do not pay for childcare for a whole term or holiday, or if your childcare costs are different in any week to those you have given in 1d, please provide dates for the weeks where you will pay different costs below.

Name of child	Weeks in which you do not pay childcare or in which you pay different amounts	Weekly childcare costs
1		£
2		£
3		£
4		£
5		£

student's details

Declaration

Before signing and returning your completed form, you should read the Data Protection Statement on the PN1 or PR1 notes that were sent with the original PN1 or PR1 application form. This statement sets out who will use the information provided on this CCG1 form and what they will use it for.

A copy of the Data Protection Statement can also be found at www.studentfinancedirect.co.uk. Alternatively, you may also obtain a copy of the Statement by writing to the SLC at 100 Bothwell Street, Glasgow or by calling our Customer Support Office on 08456 077 577.

If you cannot sign this form yourself, for whatever reason, it must be signed on your behalf by someone who holds a valid 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 given on this form is true and complete and I understand that if I have given my LEA (or SLC where appropriate) false information, or have not given them complete information, I might be refused financial support, or I may be prosecuted and my financial support withdrawn.
- I agree to give my LEA (or SLC where appropriate) any additional information they require to enable them to process my application and agree to tell them immediately if my personal or financial circumstances change in any way that might affect my entitlement to financial support.
- I understand that if I do not tell my LEA (or SLC where appropriate) about any change in my circumstances, which may affect my entitlement, I may not be eligible to receive any outstanding instalments or payments that they have told me about, and that I may have to repay all or part of the financial support I have already received in the year.
- I understand that if I do not take up my childcare, or if I change to a childcare provider who is not registered or approved, I will have to pay back any overpayment.
- I understand that if I do not provide the evidence of childcare costs within the timescales set, I might lose my entitlement and I might have to repay all or part of any financial support paid to me.
- 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 the Working Tax Credit and I agree to tell my LEA (or SLC where appropriate) immediately if I or my husband, wife civil partner or cohabiting partner does receive this support.
- If my payments to my childcare provider are different from the estimates I have provided on this form I
 understand that my next payment of Childcare Grant will increase or decrease accordingly. I also understand
 that if no further Childcare Grant payments are due to be paid to me I may be liable to repay any difference
 between my estimated costs and my actual costs.

Your full name (in BLOCK CAPITALS):		
Your signature:	×	Date: Month YEAR



childcare provider details

Registered childcare play schemes.	providers including ch	ildminders, registe	ered day nurseries and holiday
Childcare provider's n	ame:		
Address:			
		Postco	ode:
Phone number:			
Registration number:			
Date of registration:			DAY MONTH YEAR
for Wales (CSIW As a childcare p Services Trust a As a childcare p	/) as a child minder or rovider in Northern Ir s a child minder or pro	eland, I am registed by the provider of daycare. am registered with	ered with a Health and Social on the Scottish Commission for
_	Idcare as shown in se	·	
Your full name (in BLOCK CAPITALS)			
Your signature:	×	D	ate: MONTH YEAR
rour dignature.			



childcare provider details

Address:	
	Postcode:
Phone number:	
Approver Reference:	M M -
Date of registration: DAY MONTH	YEAR Registration DAY MONTH YEAR valid until:
Disclosure number:	0 0
I agree to provide childcare as show	vn in section 1 of this form.
Your full name (in	
BLOCK CAPITALS):	DAY MONTH YEAR
Your signature:	Date:
Other approved or registered chil	doaro
Other approved or registered crim	ucare.
This includes:	or over approved by an approdited erganisation's
quality-assurance scheme (until (or over approved by an accredited organisation's October 2007).
quanty accuration contents (aritin	rs clubs on school premises and run by a school or
 Childcare provided by out-of-hour 	is clabs on school premises and run by a school of
	is clubs on school premises and full by a school of
 Childcare provided by out-of-hour local authority. Childcare provided in the child's of the c	own home by a care worker registered by the National he Care Standards Inspectorate for Wales.



childcare provider details

Name of the childcare provider:
Address:
Postcode:
Phone number:
Reference number:
Date of approval or DAY MONTH YEAR DAY MONTH YEAR registration. This lasts from:
Name and address of the organisation which granted approval or that you are registered with:
Postcode:
Phone number:
I agree to provide childcare as shown in section 1 of this form and the childcare I have agreed to provide has been approved by or registered with the organisation named above.
Your full name (in BLOCK CAPITALS):
Your signature: Date: Day Month Year Date:
Checklist Before returning this form, please make sure that you have done the following:
Read the information on the front page of this form; tick
Fully answered all the relevant questions; tick
Signed and dated the form at section 1; and tick
Arranged for your childcare provider to complete section 2 (if applicable). tick
If you do not have enough space to answer any question, please use a separate sheet of paper and attach it with this form.