

Confirmation of childcare payments 2007/08

CCG2

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

- For further information please refer to the booklet "Childcare Grant and other support for full-time student parents in higher education in 2007/08".

You need to send form CCG2 confirming your payments to a childcare provider to us by the following dates:

- **9 November 2007** - to confirm payments made between 01/09/2007 and 28/10/2007
- **8 February 2008** - to confirm payments made between 29/10/2007 and 27/01/2008
- **15 September 2008** - to confirm payments made between 28/01/2008 and 31/08/2008.
- If you return form CCG2 after these dates, your next payment may be delayed.
- Students in the final year of their course and students not using childcare during the long vacation should return their third CCG2 by **25 July 2008**.
- If you do not return form CCG2 then you will not receive any further Childcare Grant payments.

Instructions

- Please make sure you have completed the form, "Application for help with childcare costs" (CCG1) and have sent it to us.
- **You** must complete **section 1** of this form.
- You should only complete section 2 if the weekly costs you estimated on form CCG1 are likely to change during the rest of your academic year.
- Your **childcare provider** must complete **sections 3 and 4**. Use a separate form for each childcare provider you use.
- Complete this form in black ink and BLOCK CAPITALS.
- 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.

student's details

a

ART ID:

Your forename(s):

Your surname:

Date of birth:

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"/>

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

Postcode:

For which period are you providing confirmation of the payments you have made to your childcare provider?

☐ 01/09/2007 to 28/10/2007 ☐ 29/10/2007 to 27/01/2008 ☐ 28/01/2008 to 31/08/2008

b

Please provide details of the children for whom you have made payments to a **registered or approved** childcare provider during the period for which you are confirming your childcare payments.

Full name of child	Date of birth		
1	DAY <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2	DAY <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	DAY <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4	DAY <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5	DAY <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 CCG2 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 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 confirm that neither I nor my husband, wife or partner is receiving support for childcare from the childcare element of the Working Tax Credit.

Your full name (in
BLOCK CAPITALS):

Your signature:

✕

Date:

DAY

MONTH

YEAR

section

2

change of circumstances

This section should be completed by the student.

You only need to complete this section if your weekly childcare costs are likely to change during the rest of your academic year from the costs you estimated on "Application for help with childcare costs" (CCG1) earlier in the year. Please provide your new weekly childcare costs below. Any weeks or periods where you will not pay for childcare should be included.

a

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

b

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

Do not include any information about free early-years education for three and four year olds.

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		£

childcare provider costs

Please ask your childcare provider to complete sections 3 and 4 before returning this form to us.

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

Week beginning			Amount received
DAY <div><div></div><div></div></div>	MONTH <div><div></div><div></div></div>	YEAR <div><div></div><div></div><div></div><div></div></div>	£
DAY <div><div></div><div></div></div>	MONTH <div><div></div><div></div></div>	YEAR <div><div></div><div></div><div></div><div></div></div>	£
DAY <div><div></div><div></div></div>	MONTH <div><div></div><div></div></div>	YEAR <div><div></div><div></div><div></div><div></div></div>	£
DAY <div><div></div><div></div></div>	MONTH <div><div></div><div></div></div>	YEAR <div><div></div><div></div><div></div><div></div></div>	£
DAY <div><div></div><div></div></div>	MONTH <div><div></div><div></div></div>	YEAR <div><div></div><div></div><div></div><div></div></div>	£
DAY <div><div></div><div></div></div>	MONTH <div><div></div><div></div></div>	YEAR <div><div></div><div></div><div></div><div></div></div>	£
DAY <div><div></div><div></div></div>	MONTH <div><div></div><div></div></div>	YEAR <div><div></div><div></div><div></div><div></div></div>	£
DAY <div><div></div><div></div></div>	MONTH <div><div></div><div></div></div>	YEAR <div><div></div><div></div><div></div><div></div></div>	£
DAY <div><div></div><div></div></div>	MONTH <div><div></div><div></div></div>	YEAR <div><div></div><div></div><div></div><div></div></div>	£
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DAY <div><div></div><div></div></div>	MONTH <div><div></div><div></div></div>	YEAR <div><div></div><div></div><div></div><div></div></div>	£
DAY <div><div></div><div></div></div>	MONTH <div><div></div><div></div></div>	YEAR <div><div></div><div></div><div></div><div></div></div>	£
DAY <div><div></div><div></div></div>	MONTH <div><div></div><div></div></div>	YEAR <div><div></div><div></div><div></div><div></div></div>	£
DAY <div><div></div><div></div></div>	MONTH <div><div></div><div></div></div>	YEAR <div><div></div><div></div><div></div><div></div></div>	£
DAY <div><div></div><div></div></div>	MONTH <div><div></div><div></div></div>	YEAR <div><div></div><div></div><div></div><div></div></div>	£
DAY <div><div></div><div></div></div>	MONTH <div><div></div><div></div></div>	YEAR <div><div></div><div></div><div></div><div></div></div>	£
DAY <div><div></div><div></div></div>	MONTH <div><div></div><div></div></div>	YEAR <div><div></div><div></div><div></div><div></div></div>	£
DAY <div><div></div><div></div></div>	MONTH <div><div></div><div></div></div>	YEAR <div><div></div><div></div><div></div><div></div></div>	£
DAY <div><div></div><div></div></div>	MONTH <div><div></div><div></div></div>	YEAR <div><div></div><div></div><div></div><div></div></div>	£
Total amount you have received in this period:			£

section

4

childcare provider details

This section should be completed by the childcare provider.

The childcare provider should complete either a, b or c in section 4, whichever applies.

a

Registered childcare providers including childminders, registered day nurseries and holiday play schemes.

Childcare provider's full name:

Address:

Postcode:

Phone number:

Registration number:

DAY MONTH YEAR

Date of registration:

- ☐ As a childcare provider in **England**, I am registered with Ofsted as a child minder or provider of daycare.
- ☐ As a childcare provider in **Wales**, I am registered with the Care Standards Inspectorate for Wales (CSIW) as a child minder or provider of daycare.
- ☐ As a childcare provider in **Northern Ireland**, I am registered with a Health and Social Services Trust as a child minder or provider of daycare.
- ☐ As a childcare provider in **Scotland**, I am registered with the Scottish Commission for the Regulation of Care as a child minder or provider of daycare.

I confirm that I have provided childcare for the children named in section 1b and have received the weekly childcare amounts shown in section 3 of this form.

Your full name (in BLOCK CAPITALS):

Your signature:

X

Date:

DAY MONTH YEAR

childcare provider details

- b** **Childcare Approval Scheme - a childcarer approved under this scheme provides care for children in the child's own home or, for children aged over seven, in the carers' own home or on other domestic premises.**

Childcare provider's name:

Address:

Postcode:

Phone number:

Approver Reference:

 M M -

Date of registration:

DAY

MONTH

YEAR

Registration valid until:

DAY

MONTH

YEAR

Disclosure number:

 0 0

I confirm that I have provided childcare for the children named in section 1b and have received the weekly childcare amounts shown in section 3 of this form.

Your full name (in BLOCK CAPITALS):

Your signature:

Date:

DAY

MONTH

YEAR

- c** **Other approved or registered childcare.**

This includes:

- Childcare for children aged eight or over approved by an accredited organisation's quality-assurance scheme (until October 2007).
- Childcare provided by out-of-hours clubs on school premises and run by a school or local authority.
- Childcare provided in the child's own home by a care worker registered by the National Care Standards Commission or the Care Standards Inspectorate for Wales.
- Childcare provided by an approved foster carer. (The care must be for a child who is not being fostered by the foster carer.)

section 4 continued

childcare provider details

Name of the childcare provider:

Address:

Postcode:

Phone number:

Reference number:

Date of approval or
registration. This lasts from:

DAY

MONTH

YEAR

to:

DAY

MONTH

YEAR

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

Postcode:

Phone number:

I confirm that I have provided childcare for the children named in section 1b and have received the weekly childcare amounts shown in section 3 of this form.

Your full name (in
BLOCK CAPITALS):

Your signature:

X

Date:

DAY

MONTH

YEAR

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 3 and 4 of the form.

tick ☐

If you do not have enough space to answer any question, please use a separate sheet of paper and attach it to this form.