

I confirm that the childcare I have provided has been approved by an accredited organisation under the Tax Credit (New Category of Childcare Provider) Regulations 1999.

Your full name (in BLOCK CAPITALS):

Your signature:

Date:

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"/>

Checklist

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

- ☐ read the information on the front page of this form;
- ☐ fully answered all the relevant questions;
- ☐ signed and dated the form at section 1; and
- ☐ arranged for your childcare provider to complete section 3 and 4 of the form.

If you do not have enough space to answer any question, please use the space below or attach a separate sheet to the form.

Additional Notes

Confirmation of childcare payments 2006/07

CCG2

This form is also available on our website at
www.studentfinancedirect.co.uk

Please complete 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 2006/07".

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

- **10th November 2006** - to confirm payments made between 01/09/2006 and 29/10/2006
- **9th February 2007** - to confirm payments made between 30/10/2006 and 28/01/2007
- **14th September 2007** - to confirm payments made between 29/01/2007 and 31/08/2007.
- 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 27th July 2007.
- 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:

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

Postcode:

 Date of birth:
 DAY MONTH YEAR

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

☐ 01/09/2006 to 29/10/2006 ☐ 30/10/2006 to 28/01/2007

☐ 29/01/2007 to 31/08/2007

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, PR1 or PR1a notes that were sent with the original PN1, PR1 or PR1a 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.
- If my payments to my childcare provider are different from the estimates I previously provided, 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:

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. If necessary please continue in the additional notes section at the end of this form.

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	£	£	£	£	£

change of circumstances

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.

[illegible][illegible]

Total amount you have received in this period: £

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 who provide care for children under the age of eight, 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:

I am registered with Ofsted as a child minder or provider of daycare within the meaning of the Children Act 1989.

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

b

Childcare Approval Scheme - a childcarer approved under this scheme provides care for children in the parents' 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:

childcare provider details

Approver Reference:

M M -

Date of registration:

DAY **MONTH** **YEAR**

Registration
valid until:

DAY **MONTH** **YEAR**

Disclosure number:

0 0

I confirm that the childcare I have provided has been approved by an accredited organisation under the Tax Credits (Approval of Childcare Providers) Scheme 2005.

Your full name (in BLOCK CAPITALS):

Your signature:

Date:

DAY **MONTH** **YEAR**

C

Approved organisations for children aged eight or over.

Name of the organisation:

Address:

Postcode:

Phone number:

Date you became approved.

The approval lasts from:

DAY **MONTH** **YEAR**

to:

DAY **MONTH** **YEAR**

Reference number:

Name and address of the organisation which granted approval:

Postcode:

Phone number: