student finance england

Childcare Costs Confirmation Form 2010/11





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You should

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You should only complete this form if you have already completed a Childcare Grant Application Form and provided us with estimated childcare costs.

Why should I complete this form?

You and your childcare provider(s) must complete this form to confirm your actual childcare costs. Based on these actual childcare costs we will reassess your Childcare Grant entitlement and, if you have been overpaid or underpaid, will adjust your entitlement accordingly.

How do I complete this form?

- You need to complete sections 1 and 2 and sign the Student declaration (if applicable).
- Section 3 must be completed by all of your childcare providers.

If you need to provide further information for any section, please use the 'Additional notes' page at the back of this form.

When should I return this form?

You should return the form to us as soon as possible to avoid any delays with future payments. The tables below list the time periods we need childcare costs for and the deadline date you must provide these costs by.

You may have to send this form to us up to 3 times over the course of your academic year depending on your childcare circumstances and when you apply for a Childcare Grant.

Course started in September Confirming payments for	Deadline
Period 1 (1 Sep 10 – 24 Oct 10)	5 November 2010
Period 2 (25 Oct 10 – 23 Jan 11)	4 February 2011
Period 3 (24 Jan 11 – 31 Aug 11)	9 September 2011

Course started in January Confirming payments for	Deadline
Period 1 (1 Jan 11 - 28 Feb 11)	11 March 2011
Period 2 (1 Mar 11 – 31 May 11)	11 June 2011
Period 3 (1 Jun 11 – 31 Dec 11)	20 January 2012

If your course started in September and you are either in the final year of your course or are not using childcare during the long vacation, you should return your third 'Childcare Costs Confirmation Form' by **22 July 2011**.

If your course did not start in September or January then you must return this form as soon as possible with details of childcare costs for your most recent period of childcare.

What happens if I don't return this form?

If you don't return this form you will not receive any further Childcare Grant payments. You may also be asked to repay any Childcare Grant payments that you have already received.



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

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a	Personal details Customer Reference Number: Forename(s): Surname: Date of birth: Your full current home address: (not your university or college address)				
		Postcode:			
b	Childcare cost period				
	Which period are you confirming paymen	nts made to yo	our childcar	e provider?	

September course start: Period 1 (1 Sep 10 - 24 Oct 10) Period 2 (25 Oct 10 - 23 Jan 11) Period 3 (24 Jan 11 - 31 Aug 11) Period 1 (1 Jan 11 - 28 Feb 11) January course start: Period 2 (1 Mar 11 - 31 May 11) Period 3 (1 Jun 11 - 31 Dec 11) From: Other course start: To:

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c Childcare details

Please provide the details of children who were in the care of a **registered or approved** childcare provider for the period you are confirming your childcare payments.

Child's full name	Date of birth
Child 1	(DD MM YYYY)
Child 2	
Child 3	
Child 4	
Child 5	

You only need to complete this section if your weekly childcare costs are likely to change from the costs estimated on your Childcare Grant Application Form.

a Childcare costs

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Please provide your new weekly childcare costs below. Any weeks or periods where you will not pay for childcare should be included.

	Weekly Costs				
Name of child	Child 1	Child 2	Child 3	Child 4	Child 5
Before Term 1	£	f	f	f	£
Term1	£	f	f	£	£
Holiday 1	£	£	£	£	£
Term 2	£	£	£	£	£
Holiday 2	£	£	£	£	£
Term 3	£	£	£	£	£
If you are in the last day of your	e final year of yo final term.	our course, we ca	an only pay the	childcare grant ι	ıp until the
After Term 3	£	£	£	£	£

b Exceptions to childcare costs

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, please provide details below. **Do not include any information about free Early Years education.**

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, G2 7JD or by calling us on 0845 300 50 90.

If you cannot sign this form it must be signed on your behalf by your 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 provided is true and complete. If it is not I understand I might be refused financial support, or I may be prosecuted and my financial support withdrawn.

Your full name (in BLOCK CAPITALS):	
Your signature:	Date:
X	1 1



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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) Instructions

Please:

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- provide your details (a);
- provide your childcare registration/approval details (b);
- advise the amounts paid to you for the period shown in section 1b of this form (c); and
- sign the declaration (d).

Once completed, please return this form to the student.

Childcare provider 1 details			
Name of childcare provider 1:			
Address:			
	Postcode:		
Phone number:			
Childcare provider 1 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:			
Dute 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 Norther Services Trust.	n Ireland, I am registered with a Health and Social		
Registration number:			
Date of registration:	1 1		

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To be completed by childcare provider (1)

As a childcare provider in Scotland for the Regulation of Care.	d, I am registered with the Scottish Commission
Registration number: Date of registration:	
I am approved by or registered w details below.	vith another organisation and I have given their
Name and address of the organisation wh	ich granted approval or that you are registered with:
Name:	
Address:	
	Postcode:
Phone number:	
Reference number:	
Date of approval or registration:	
Date approval or registration ends:	1 1

You must now enter the amounts paid to you and sign the declaration.

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To be completed by childcare provider (1)

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. Do not include any early-years payments you expect to receive from the early-years section at your local authority.

-	ai authority.			
c Week	beginning	Amount received	Week beginning	Amount received
From (I	DD MM YYYY)	(f)	From (DD MM YYYY)	(£)
	1 1		/ /	
	1 1		/ /	
	1 1		/ /	
	1		/ /	
	1		/ /	
	1		/ /	
	1		/ /	
	1		/ /	
	1		/ /	
	1		/ /	
	1		/ /	
	1		/ /	
	1		/ /	
	1		/ /	
	1		/ /	
		have	Total amount you e received in this period:	

d Childcare provider 1 declaration

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I confirm that I have provided childcare for a child (or children) named in section 1c and have received the weekly childcare amounts shown above.

Your full name (in BLOCK CAPITALS):	
Your signature:	Date:
X	

To be completed by childcare provider (2) Instructions

Please:

- provide your details (a);
- provide your childcare registration/approval details (b);
- advise the amounts paid to you for the period shown in section 1b of this form (c); and
- sign the declaration (d).

Once completed, please return this form to the student.

Childcare provider 2 details			
Name of childcare provider 2:			
Address:			
	Postcode:		
Phone number:			
Childcare provider 2 registration/approval Please tick the appropriate box and prov			
As a childcare provider in England , I am registered with Ofsted.			
Registration number: Date of registration:			
As a childcare provider in Wales , Inspectorate for Wales (CSSIW).	I am registered with the Care and Social Services		
Registration number: Date of registration:			
As a childcare provider in Northe Services Trust.	ern Ireland, I am registered with a Health and Social		
Registration number: Date of registration:			

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To be completed by childcare provider (2)

As a childcare provider in Scotland , I am registered with the Scottish Commission for the Regulation of Care.		
Registration number: Date of registration:		
I am approved by or registered v details below.	vith another organisation and I have given their	
Name and address of the organisation which granted approval or that you are registered with:		
Name:		
Address:		
	Postcode:	
Phone number:		
Reference number:		
Date of approval or registration:		
Date approval or registration ends:		

You must now enter the amounts paid to you and sign the declaration.

To be completed by childcare provider (2)

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. Do not include any early-years payments you expect to receive from the early-years section at your local authority.

From (DD MM YYYY) (E) (A) (B) From (DD MM YYYY) (C) From (DD MM YYYY) (E) From (DD MM YYYY) (From	your local authority.			
	Week beginning	Amount received	Week beginning	Amount received
	From (DD MM YYYY)	(£)	From (DD MM YYYY)	(£)
	/ /		/ /	
	/ /		1 1	
	/ /		/ /	
			/ /	
	/ /		/ /	
	/ /		1 1	
	/ /		/ /	
	/ /		/ /	
	/ /			
	/ /		/ /	
Total property con	/ /		/ /	
Total amount you	/ /		/ /	
Total amount you	/ /		/ /	
have received in this period:		have		

d Childcare provider 2 declaration

I confirm that I have provided childcare for a child (or children) named in section 1c and have received the weekly childcare amounts shown above.

Your full name (in BLOCK CAPITALS):	
Your signature:	Date:
X	

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To be completed by childcare provider (3)

Instructions

Please:

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- provide your details (a);
- provide your childcare registration/approval details (b);
- advise the amounts paid to you for the period shown in section 1b of this form (c); and
- sign the declaration (d).

Once completed, please return this form to the student.

hildcare provider 3 details		
Name of childcare provider 3:		
Address:		
	Postcode:	
Phone number:		
	4.9.	
Childcare provider 3 registration/approval de Please tick the appropriate box and providence		
As a childcare provider in England ,	I am registered with Ofsted.	
Registration number:		
Date of registration:		
As a childcare provider in Wales , I Inspectorate for Wales (CSSIW).	am registered with the Care and Social Services	
Registration number:		
Date of registration:	1 1	
As a childcare provider in Northern Services Trust.	reland, I am registered with a Health and Social	
Registration number:		
Date of registration:	1 1	

To be completed by childcare provider (3)

As a childcare provider in Scotlar for the Regulation of Care.	As a childcare provider in Scotland , I am registered with the Scottish Commission for the Regulation of Care.	
Registration number: Date of registration:		
I am approved by or registered vectories below.	vith another organisation and I have given their	
Name and address of the organisation which granted approval or that you are registered with:		
Name:		
Address:		
	Postcode:	
Phone number:		
Reference number:		
Date of approval or registration:		
Date approval or registration ends:		

You must now enter the amounts paid to you and sign the declaration.

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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. Do not include any early-years payments you expect to receive from the early-years section at your local authority.

	your local authority.			
C	Week beginning	Amount received	Week beginning	Amount received
	From (DD MM YYYY)	(f)	From (DD MM YYYY)	(<u>f</u>)
	1 1		/ /	
	/ /		1 1	
	/ /		/ /	
			, , ,	
	/ /		/ /	
	/ /		/ /	
	/ /		/ /	
	/ /		1 1	
	/ /			
	/ /		/ /	
	/ /		/ /	
	1 1		/ /	
	/ /		/ /	
	/ /		/ /	
	/ /		/ /	
	/ /			
			Total amount you	
		hav	ve received in this period:	<u>:</u>

d Childcare provider 3 declaration

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I confirm that I have provided childcare for a child (or children) named in section 1c and have received the weekly childcare amounts shown above.

Your full name (in BLOCK CAPITALS):	
Your signature:	Date:
X	

Additional notes

If you are providing extra information below please clearly mark what section and question number the information is about.
Student's checklist Before returning this form, please make sure that you have done the following:
Fully answered section 1.
Completed section 2 if your weekly childcare costs have changed.
Signed and dated the Student's declaration on page 8.
Asked your childcare provider(s) to complete section 3.
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.