pplication for

Childcare Support 23/24

Student ID
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You must complete the financial support application form alongside this childcare form for your support claim to be assessed and valid.

Section 1: Student Details Student Name (Parent/Guardian of Named Child/Children): **Section 2: Approved Childcare Provider Details** Approved Childcare Provider Name: Registered By (Local Authority) Registration Number Address & Postcode Email Telephone Do you have public Liability Insurance? Insured by ☐ Yes ☐ No Have you received the students code for the If Yes, how much has been granted? ☐ Yes ☐ No 30 hours free childcare? **Section 3: Childcare Provider Billing Details** Payments are normally paid by BACS directly to the bank account provided. The maximum amount we can normally pay is £6000 per child each academic year. Account Name Account Number Sort Code Billing Address Please send monthly invoices to Heart of Worcestershire College Peakman Street Redditch **B98 8DW** Or email to : payments@howcollege.ac.uk **Section 4: Childcare Dates** Childcare Start Date End Date Total number of weeks. TERM TIME ONLY

NOTE FOR STUDENT

Have you provided your approved childcare provider with your code to claim the 30 hours free childcare?



Section 5: Child/Children Details

						ng hours plus ncks, this is th					n the	
Please give	e the not	tice perio	od for chi	ldcare to	be disconti	nued.						
Name of	Child					Name of	Child					
Age	Age Date of birth					Age	Age Date of birth					
	Mon	Tues	Wed	Thurs	Fri		Mon	Tues	Wed	Thurs	Fri	
No. of hours of care provided						No. of hours of care provided						
Session cost per day						Session cost per day						
Name of	Child					Name of	Child					
Λαe	Age Date of birth						Age Date of birth					
Age						Age	Age					
	1	1		1			1	1		1		
No. of	Mon	Tues	Wed	Thurs	Fri	No. of	Mon	Tues	Wed	Thurs	Fri	
hours of care provided						hours of care provided						
Session cost per day						Session cost per day						
Section	6: lm	porta	nt Info	rmatic	n & Dec	laration						
Paymen	nts will or	nly start	once the	student	has enrollec	d and the app	olication	has beer	n approve	ed.		
						ınding may b						
If the st	udent wi	ithdraws	from the	course,	the student	may be resp	onsible	for monie	es owing.			
will be r funded	equired	to produ SF befor	ice a mor	nthly repo	ort on the at	nthly basis a ttendance of e college sho	the stu	dent's chi	ld/childre	en for an	y provisior	
	dent has ute to th		ponsibilit	ty for the	payment o	of childcare u	unless t	he colleg	e has for	mally ag	reed to	
HILDCA	RE PRO\	/IDER D	ECLARA	TION ON	ILY							
						ided and I w	ill notify	the colle	ge if ther	e are any	changes.	
understa	nd the in	nportant	informat	tion listed		the fees are						
igned			Date			Name			Positio	า		
						1						

Section 7: Eligibility

To be eligible for a childcare grant you must meet the following conditions:

- You must complete a financial support application for the Learner Support Funds and meet the general eligibility criteria. No support will be given for childcare unless you have completed this form.
- · Your childcare provider must be registered with Ofsted.
- The childcare support you are applying for must correspond with the time/days you are in college (guided learning hours) plus time allowed for travel to and from the childcare provider.
- Your childcare costs must be reasonable your costs should be comparable with local average costs for childcare. We reserve the right to refuse help where prices are unreasonably high and other alternatives are available.
- You must provide a copy of the birth certificate of each child you are applying for and a copy of your course timetable.
- You must be over the age of 20, if you are 16-19 you should apply to Care to Learn.
- If you are receiving the childcare element of working tax credit you are not eligible for help from the childcare support fund.

FINANCIAL ASSISTANCE REGULATIONS

- 1. You must meet any costs not covered by the Learner Support Funds. This includes the childcare costs during Easter, Christmas, summer and half term holidays.
- 2. Awards will not exceed £160 per child per week.
- 3. If you qualify for financial assistance your award will be paid directly to your childcare provider on a monthly basis.
- 4. Full details of your award will be sent directly to the childcare provider.
- 5. Your award is conditional on you attending and progressing on your course. You will be expected to provide confirmation of your continued attendance at college throughout the year. Your course tutor will be asked to confirm your attendance throughout the year.

Section 8: Student Declaration

- I declare that all the information I have given is truthful and correct. I understand I will be responsible for paying registration fees, meals and snacks and any activity fees/additional costs.
- I understand LSF money should only be used to support childcare during timetabled hours and if I wish to have additional childcare around this time I will pay for this.
- I understand that payments are based on my attendance and should it fall below 90% payment may be withheld.
- I understand that it is my responsibility to inform the financial support team should I withdraw from my course and I will be responsible for any future costs incurred.
- I understand that the college will only fund registered childcare providers.
- I understand that any funded hours from local authority/government will be allocated first to college study days. In instances when the childcare provider's policy is to split the funded hours equally over 5 days, this could also be accepted.

It is essential to your application that you provide a copy of the birth certificate of the child/children you are applying for and a copy of your timetable.

I have included a copy of Birth Certificate (for each child I have requested help with) Yes No	I have included a coptimetable	py of my	I will notify the college in advance of any changes, i.e I leave my cours or reduce my timetabled hours. Yes No			
Please sign or enter your name - you	may be contacted to d	confirm your identi	ty			
Applicant signature	Da	ate	☐ Entering my name into the			
			signature field confirms that my intention to abide by			
I confirm the above declaration \Box	the terms and conditions.					
Please return the completed form ar	nd evidence to:		I understand I may be			
Redditch & Bromsgrove: studentfinar	contacted to provide further evidence.					
Worcester & Malvern: studentfinance	-worcester@howcolled	de ac uk	Tartifer evidence.			