**Application for Childcare support 20+**

If under 20 you must apply to CARE TO LEARN- [www.gov.uk/care-to-learn](http://www.gov.uk/care-to-learn) for childcare support

If you are eligible for a childcare award from college funds, we will send confirmation letters to yourself and the childcare provider. Invoices will be paid by BACS directly to the provider, termly in arrears. We will need to see a copy of each child’s birth certificate, please bring this to the Student Advice Centre with your application.

**COMPLETE ONE FORM PER CHILD**. You can fill out details for any other childcare providers that you may use on the back of this sheet.

Student ID Number: Course:

Child’s name: Age: Childcare vouchers **YES/NO**

Student Name:

**TO BE COMPLETED** **BY THE CHILDCARE PROVIDER**

Provider name: Ofsted Number:

Please select: **Nursery Preschool Childminder Before or after School Club**

Please give details of weekly provision. The college will NOT support provision outside college term time and the students timetabled hours, except to cover students travel between college and childcare provider.

Provider Address:

Contact Name: Tel no:

Email:

Email:

**Days attending Times attending Daily cost after government funding**

|  |  |  |
| --- | --- | --- |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

**Childcare Provider Bank Details**

|  |
| --- |
| Name of account holder: |
| Bank name: Bank branch: |
| Account Number Sort code: |
| Building Society roll number (if applicable) |
| Signature: Date: |

**Application for Childcare support 20+**

**SECOND CHILDCARE PROVIDER**

Please give details of weekly provision. The college will NOT support provision outside college term time and the students timetabled hours, except to cover students travel between college and childcare provider.

Please select: **Nursery Preschool Childminder Before or after School Club**

Provider Address:

Contact Name: Tel no:

Email:

**Days attending Times attending Daily cost after government funding**

|  |  |  |
| --- | --- | --- |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

**Childcare Provider Bank Details**

|  |
| --- |
| Name of account holder: |
| Bank name: Bank branch: |
| Account Number Sort code: |
| Building Society roll number (if applicable) |
| Signature: Date: |