

Application for Childcare support 20+

If under 20 you must apply to CARE TO LEARN- 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 Name:		
Child's name:	Age:	Childcare vouchers YES/NO
Student ID Number:	Course:	

TO BE COMPLETED BY THE CHILDCARE PROVIDER

Please give details of weekly provision. The college will NOT support provision outside college term time and

Please select:	Nursery	Preschool	Childminder	Before or after School Club
Provider Address:				
Contact Name:				Tel no:
Provider name:	Ofsted Number:			
Email:				

the students timetabled hours, except to cover students travel between college and childcare provider.

Days attending	Times attending	Daily cost after government funding
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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:

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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: