

CCG1

Form

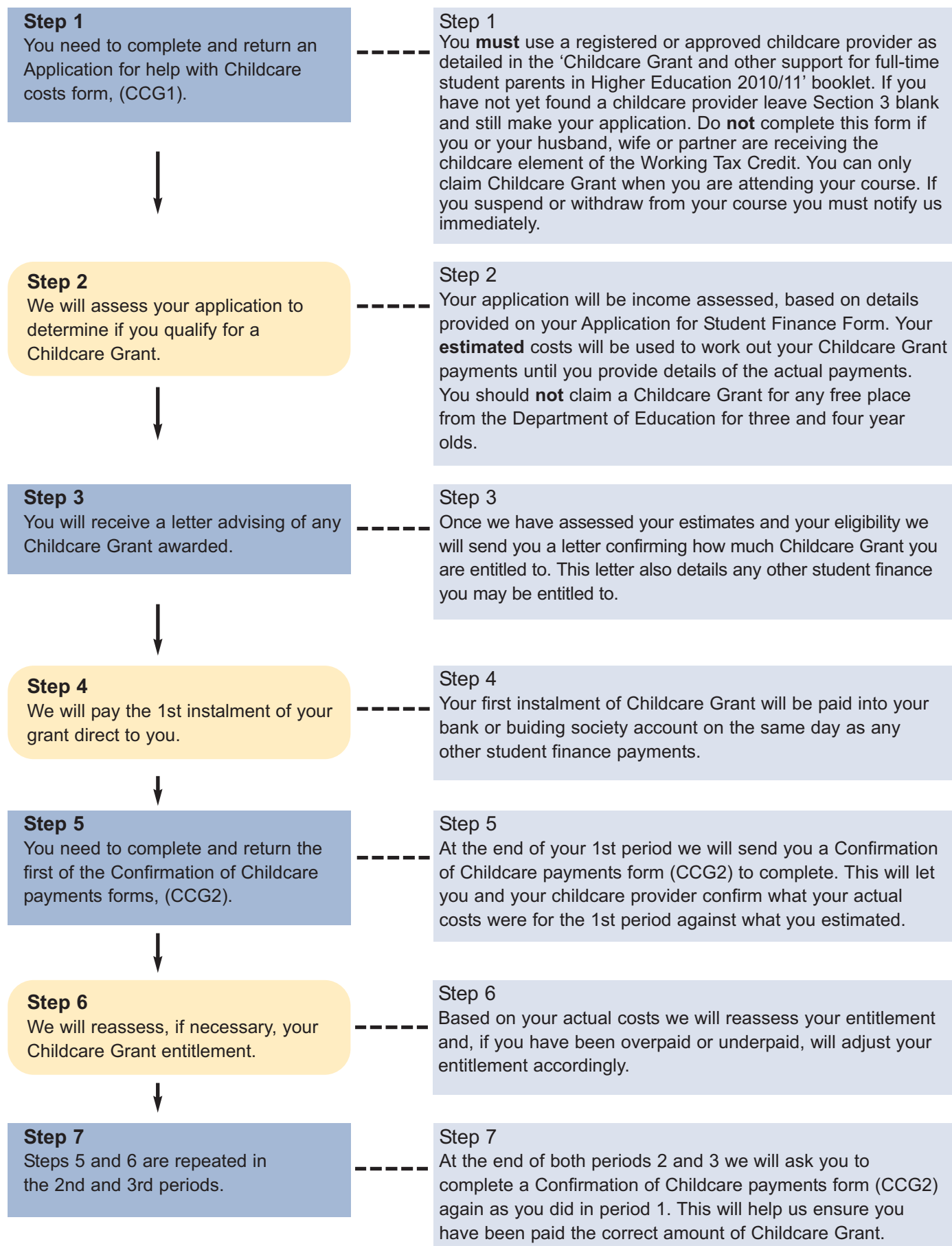


Application for help with childcare costs 2010/11

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

Steps to getting a Childcare Grant (CCG)

if you have dependent children in registered or approved childcare.



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

Instructions

- **Sections 1 and 2** must be completed by **you**.
- **Section 3** must be completed by **your childcare provider(s)**.
- **Answer all the questions.** If you leave any questions blank we will not be able to process your application for Childcare Grant. If a question does not apply to you, please enter 'None' or 'N/A' as the answer.
- If you want to provide further information for any section, please write the details on a separate piece of paper and enclose it with this form.

section

1

student's details

Customer Reference Number:

Forename(s):

Surname:

Date of birth:

DAY MONTH YEAR

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

Postcode:

section

2

student's childcare details

a

Childcare details

Please provide details of children who will be receiving registered or approved childcare during your academic year. You should only include childcare provided from the first day of your 2010/11 academic year.

Child's full name	Date of birth			Date childcare started in academic year 2010/11		
	DAY	MONTH	YEAR	DAY	MONTH	YEAR
Child 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

student's childcare details

b

You may get a free place for a child aged three or four from the Department of Education. Your application for Childcare Grant must not include costs for these places.

Will any child mentioned in Section 2a receive a free place from the Department of Education for three and four year olds **during** the academic year 2010/11? Yes No

If 'Yes', please give the name and address of the provider(s) below.

Postcode: <input style="width: 150px;" type="text"/>

c

Childcare estimates

Please enter each child's name and your weekly childcare costs incurred during your university or college terms and holidays.

The earliest we can pay for your childcare costs is the start of your academic year. If you want to claim for the period between the first day of your academic year and the start of term 1 then please complete weekly costs 'Before term 1'.

Weekly costs					
Name of child	Child 1	Child 2	Child 3	Child 4	Child 5
Before term 1	£	£	£	£	£
Term 1	£	£	£	£	£
Holiday 1	£	£	£	£	£
Term 2	£	£	£	£	£
Holiday 2	£	£	£	£	£
Term 3	£	£	£	£	£
If you are in the final year of your course, we can only pay the childcare grant up until the last day of your final term.					
After term 3	£	£	£	£	£

It is recommended that you take a note of the estimates provided as this information may be helpful when you complete your actual costs later in the year on the form CCG2.

student's childcare details

d Exceptions to childcare estimates

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 in 2c, please provide details below.

Name of child	Weeks in which you do not pay childcare or in which you pay different amounts		Weekly childcare costs (£)
	From (DD/MM/YYYY)	To (DD/MM/YYYY)	

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.studentfinanceni.co.uk/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 our Customer Support Office on 0845 600 0662.

- 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 that I might be refused financial support, or prosecuted and my financial support withdrawn.

Your full name (in
BLOCK CAPITALS):

Your signature:

Date:

DAY

MONTH

YEAR



Important information

Before asking 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)

Childcare provider details

Name of childcare provider:

Address:

Postcode:

Phone number:

Childcare provider registration/approval details

Please tick the appropriate box and provide the details requested.

Registered childcare provider in Northern Ireland
 I am registered with a Health and Social Services Trust as a child minder or provider of daycare. I enclose a copy of my certificate of registration.

Registration number (if applicable):

Date of registration: DAY MONTH YEAR

Please sign the childcare provider declaration on the next page.

Approved or registered childcare provider in England, Scotland or Wales

Registration number:

Date of approval or registration. This lasts from: DAY MONTH YEAR
 To: DAY MONTH YEAR

Name and address of the organisation which granted approval or that you are registered with.

Postcode:

Phone number:

Please sign the childcare provider declaration on the next page.

Childcare provider declaration

I agree to provide childcare as shown in Section 2 of this form and that this childcare has been approved by or registered with the organisation that I have indicated.

Your full name (in
BLOCK CAPITALS):

Your signature:

Date:

DAY

MONTH

YEAR



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to be completed by childcare provider (2)

Childcare provider details

Name of childcare provider:

Address:

Postcode:

Phone number:

Childcare provider registration/approval details

Please tick the appropriate box and provide the details requested.

Registered childcare provider in Northern Ireland

I am registered with a Health and Social Services Trust as a child minder or provider of daycare. I enclose a copy of my certificate of registration.

Registration number (if applicable):

Date of registration:

Please sign the childcare provider declaration on the next page.

Approved or registered childcare provider in England, Scotland or Wales

Registration number:

Date of approval or registration. This lasts from:

To:

Name and address of the organisation which granted approval or that you are registered with.

Postcode:

Phone number:

Please sign the childcare provider declaration on the next page.

to be completed by childcare provider (2)

Childcare provider declaration

I agree to provide childcare as shown in Section 2 of this form and that this childcare has been approved by or registered with the organisation that I have indicated.

Your full name (in BLOCK CAPITALS):

Your signature:

Date:

DAY

MONTH

YEAR



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to be completed by childcare provider (3)

Childcare provider details

Name of childcare provider:

Address:

Postcode:

Phone number:

Childcare provider registration/approval details

Please tick the appropriate box and provide the details requested.

Registered childcare provider in Northern Ireland

I am registered with a Health and Social Services Trust as a child minder or provider of daycare. I enclose a copy of my certificate of registration.

Registration number (if applicable):

DAY MONTH YEAR

Date of registration:

Please sign the childcare provider declaration on the next page.

Approved or registered childcare provider in England, Scotland or Wales

Registration number:

Date of approval or registration.

This lasts from:

DAY MONTH YEAR

To:

DAY MONTH YEAR

Name and address of the organisation which granted approval or that you are registered with.

Postcode:

Phone number:

Please sign the childcare provider declaration on the next page.

to be completed by childcare provider (3)

Childcare provider declaration

I agree to provide childcare as shown in Section 2 of this form and that this childcare has been approved by or registered with the organisation that I have indicated.

Your full name (in BLOCK CAPITALS):

Your signature:

Date: DAY MONTH YEAR



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Student's Checklist

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

Fully answered all the relevant questions.

tick

Signed and dated the Student's declaration.

tick

Asked your childcare provider(s) to complete section 3 (if applicable) and enclosed a copy of the childcare provider's registration certificate.



tick



Please remember to pay the correct postage.

You must return your completed form to the ELB address which can be found in Section 9 of the booklet 'A guide to financial support for higher education students in 2010/11' or on the Education and Library Board finder available online at www.studentfinanceneni.co.uk.