

STUDENT FINANCE SUPPORT CHILDCARE APPLICATION FORM 2017-18



You and your childcare provider must complete this application form and each sign a copy of the funding agreement. Please hand this in alongside the Financial Support Application Form.

STUDENT DETAILS

First Name: _____ Surname: _____

Date of Birth: _____ Mobile: _____

Email: _____

CHILDCARE PROVIDER DETAILS

Please ensure **all** details are filled in accurately.

Name of Childcare Provider: _____

Address: _____

Town: _____ Postcode: _____

Telephone Number: _____ Finance Number: _____

Email Address: _____

Sort Code

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Account Number

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Ofsted Unique Registration Number (URN): _____

Please attach a copy of the most recent Ofsted certificate for this provision to this application form.

CHILDCARE REQUIREMENTS

Name of Child 1: _____ Date of Birth: _____

Name of Child 2: _____ Date of Birth: _____

Date Childcare is due to start: _____ Date Childcare is due to finish: _____

Total number of weeks of funding requested: _____

Please note our childcare funding will only be granted during term time, for a maximum of 36 weeks. Any further provision must be paid for directly by the student.

Office Use Only

Date Received:

Student ID:

Banding: 19+dLSF

ALL

New Provider:

Yes

No

TIMETABLE AND COSTS

Please note we can only pay for childcare for the days and times you are in college. Applications are checked with student records each term and any funding outside the scope of a student timetable will not be awarded.

Child 1 Name:			
Day	Start Time	Finish Time	Daily Cost
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Total weekly childcare cost			
Total amount of weekly Government 2 or 3 year old funding			
Total amount of weekly childcare funding left to pay			

Child 2 Name:			
Day	Start Time	Finish Time	Daily Cost
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Total weekly childcare cost			
Total amount of weekly Government 2 or 3 year old funding			
Total amount of weekly childcare funding left to pay			

STUDENT/PROVIDER DECLARATION AND SIGNATURE

I agree that all the information given on this application form is correct and I understand that the College has the right to reclaim any funding if I am found to have provided incorrect information or do not complete my course. The information you provide on this application form will be used for the purposes of supporting your education through the provision of funding via the Bournemouth and Poole College's Student Finance Schemes as outline in The College's approved Student Finance Policy (FE). It will be shared internally within the college and externally to the Education and Skills Funding Agency (ESFA). These organisations will collect and share this information with other organisations for the purposes of administration, careers and other guidance, statistical and research purposes. In signing this application form you give your consent to the use of your personal data in this way.

If during the course of the academic year Government Funding has been made available or there is a fee increase for the child, you must ensure that you inform us with the revised amount as a matter of urgency. You can do this by email to studentfinance@bpc.ac.uk or by letter to Student Finance, BPC, Meyrick Road, Bournemouth BH1 3JJ.

Student Signature: _____ Date: _____

Childcare Provider Contact Name: _____

Childcare Provider Signature: _____ Date: _____

For further information or questions regarding childcare please PHONE 01202 205362

or EMAIL studentfinance@bpc.ac.uk

STUDENT FINANCE 2017-18

CHILDCARE FUNDING AGREEMENT

STUDENT TO SIGN AND RETURN



Payment and Fees

- Childcare fees will only be paid for times that the parent/guardian/carer is required to attend College as stated by their course timetable or to attend a session or sessions that are deemed as essential by the Curriculum Area and Student Services in order to complete the course of study.
- The funding that is given will make reasonable allowances for times incurred in dropping off and picking up children from their place of childcare.
- The Childcare provider must be registered by OFSTED.
- Registration, retainer and holiday fees will not be covered by any childcare funding award.
- If a student withdraws from a course the payment of any outstanding fees, over and above a 4 week notice period will fall to the student to pay unless exceptional circumstances can be highlighted.
- Payment will be made direct to the Childcare provider at monthly intervals.
- The award of childcare funding can be altered, by Student Services, to accommodate any changes in timetable. This request can only be made in writing to the Student Finance Team and is subject the relevant funding being available.

Attendance

- Payment of childcare support will only be made if the student has had a high level of attendance (90% or above).
- It is the responsibility of the childcare provider to notify The College if a child is no longer attending the setting. This must be given in writing confirming any outstanding payments for the time that the student attended.

Change of Information

- Students must inform the Student Finance team of any change in details during the period of receiving childcare funding. Any details or changes in circumstances that are not highlighted may lead to an immediate cease in childcare funding.
- Students must declare if they are receiving any other form of childcare funding. The Student Finance Team works closely with HM Revenue and Customs (HMRC) regarding childcare support through the Tax Credits system. Students are not entitled to claim for the same childcare support from both The College and the HMRC. Please let us know if a child becomes eligible.

I can confirm that I have fully read, understood and agree with the above Childcare Funding Agreement.

Student Signature: _____

Student Name: _____

Please turn the page to sign the provider copy.

Date: _____

STUDENT FINANCE 2017-18

CHILDCARE FUNDING AGREEMENT

PROVIDER TO SIGN AND RETURN



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I can confirm that I have fully read, understood and agree with the above Childcare Funding Agreement, and that my bank details provided on the application form are correct.

Provider Contact Signature: _____

Provider Contact Name: _____

Date: _____