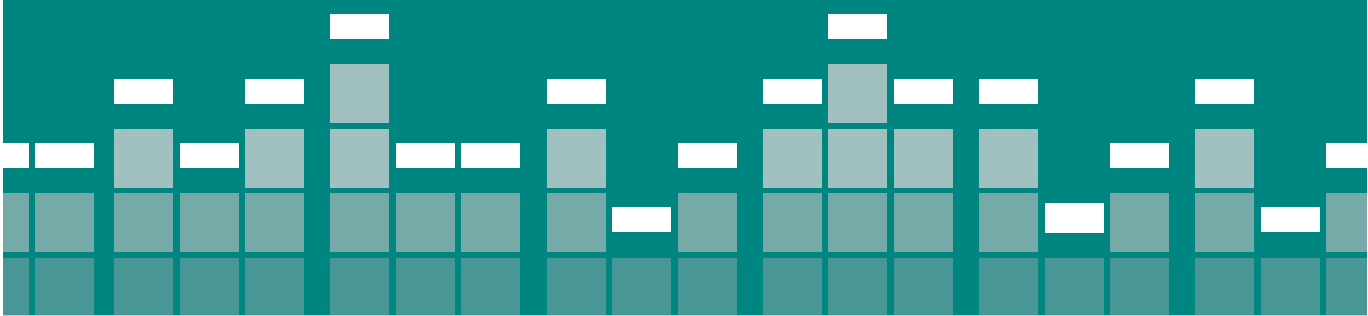


Name

Address

# PTCCG2 Form

Confirmation of childcare payments for  
part-time students **2017/18**



**Remember to pay the correct postage.**



## Important information

You need to send this form confirming your payments to a childcare provider to us by the following dates:

Course started in September		Course started in January	
Confirming payments for	Deadline	Confirming payments for	Deadline
Period 1 (1 Sep 17 – 22 Oct 17)	27 November 2017	Period 1 (1 Jan 18 – 25 Feb 18)	26 March 2018
Period 2 (23 Oct 17 – 21 Jan 18)	26 February 2018	Period 2 (26 Feb 18 – 27 May 18)	25 June 2018
Period 3 (22 Jan 18 – 31 Aug 18)	01 October 2018	Period 3 (28 May 18 – 31 Dec 18)	04 February 2019

- If you return this form after these dates your next payment may be delayed.
- If your course started in September and you are either in the final year of your course or are not using childcare during the long vacation, you should return your third PTCCG2 form by **16 July 2018**.
- If your course did not start in September then you must return this form to us as soon as possible with details of childcare costs for your most recent period of childcare.
- If you do not return this form, you will not receive any further Childcare Grant payments. You may also be asked to repay any Childcare Grant payments you have already received.



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

You should therefore ensure that all the information provided is as accurate as possible.

## Instructions

- Don't complete this form if you or your husband, wife or partner are receiving Tax-Free Childcare from HMRC, or the childcare element of either Working Tax Credit or Universal Credit.
- Don't complete this form if you or your partner are receiving Childcare Allowance from the NHS as part of a student finance package.
- Please make sure you have completed the form 'Application for help with childcare costs for part-time students' (PTCCG1) and have sent it to us.
- **You (the student)** must complete **section 1** of this form.
- You should only complete section 2 if the weekly costs you estimated on form PTCCG1 are likely to change during the rest of your academic year.
- Your **childcare provider** must complete **section 3**. Use a separate form for each childcare provider you use.
- Answer all the questions. If a question does not apply to you, write 'N/A' or 'None'. If you do not, we may return this form to you as it will appear incomplete. This may delay your application for Childcare Grant.

Once your form is fully complete and the declaration has been signed and dated, you should return it to: **Student Finance Wales, PO Box 211, Llandudno Junction, LL30 9FU**

## student's details (to be completed by the student)

a

Customer Reference Number

Your forename(s)

Your surname

Date of birth

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

 Postcode 

For which period are you providing confirmation of the payments you have made to your childcare provider?

**September course start**

**January course start**

Period 1 (1 Sep 17 – 22 Oct 17)

Period 1 (1 Jan 18 – 25 Feb 18)

Period 2 (23 Oct 17 – 21 Jan 18)

Period 2 (26 Feb 18 – 27 May 18)

Period 3 (22 Jan 18 – 31 Aug 18)

Period 3 (28 May 18 – 31 Dec 18)

b

Please provide details of the children for whom you have made payments to a **registered or approved** childcare provider during the period for which you are confirming your childcare payments.

Full name of child	Date of birth
1	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

# 2

## change of circumstances (to be completed by the student)

You only need to complete this section if your weekly childcare costs are likely to change during the rest of your academic year from the costs you estimated on the PTCCG1 earlier in the year. Please provide your new weekly childcare costs below. Any weeks or periods where you will not pay for childcare should be included.

a

Weekly costs					
Name of child	1	2	3	4	5
Before term 1	£	£	£	£	£
Term 1	£	£	£	£	£
Holiday 1	£	£	£	£	£
Term 2	£	£	£	£	£
Holiday 2	£	£	£	£	£
Term 3	£	£	£	£	£
After term 3	£	£	£	£	£

b

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, please provide dates for the weeks where you will pay different costs.

**Do not include any information about free Early Years education for three and four year olds.**

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)	
1			£
2			£
3			£
4			£
5			£

## change of circumstances (to be completed by the student)

### Student declaration

Before signing and returning your completed form, you should read the Data Protection Statement in the PTL1, PTLC, PTGN or PTGC notes that were sent with the original PTL1, PTLC, PTGN, PTGC application form. This statement sets out who will use the information provided on this PTCCG2 form and what they will use it for.

A copy of the Data Protection Statement can also be found at: [www.studentfinancewales.co.uk/dataprotection](http://www.studentfinancewales.co.uk/dataprotection)  
Alternatively, you may obtain a copy of the Act by writing to the Student Loans Company (SLC) at 100 Bothwell Street, Glasgow, G2 7JD or by calling the Student Finance Wales Contact Centre on 0300 200 4050.

If you cannot sign this form yourself, for whatever reason, it must be signed on your behalf by someone who holds a valid Power of Attorney. The Power of Attorney letter must be sent with this form before a signature from that Power of Attorney will be accepted.

- 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 I may not receive financial support, any support I have had may be withdrawn and I could be prosecuted. Any information provided which is found to be materially inaccurate may be regarded as evidence of an attempt to mislead the Student Loans Company (SLC). In such circumstances, SLC may report the matter to the authorities and/or terminate your eligibility for student finance.
- I agree to provide any information as may reasonably be required for the processing of my application, and I agree to provide immediate notice of, and details in relation to, any change in my circumstances that might in any way affect my entitlement to financial support.
- I understand that if I do not provide notice of any change in my circumstances which may affect my entitlement, I may not be eligible to receive any outstanding instalments or payments that I have been notified of and that I may have to repay all or part of the financial support I have already received in the year.
- I confirm that neither I nor my husband, wife, civil partner or cohabiting partner have chosen to receive support for childcare from the childcare element of: (i) the Working Tax Credit; (ii), the Universal Credit; (iii) Tax-Free Childcare; and/or (iv) the NHS Childcare Allowance; and I agree to tell SLC immediately if I or my husband, wife, civil partner or cohabiting partner does receive this support. I understand that SLC reserves the right to share my personal data with Her Majesty's Revenue & Customs ("HMRC") to check whether I am in receipt of childcare support from HMRC.

Your full name  
(in BLOCK CAPITALS)

Your signature

Date

DAY		MONTH		YEAR	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Section 3 should be completed by your childcare provider.**

### Student checklist

**Before returning this form, please make sure that you:**

- read the information on the front page of this form; tick
- fully answered all the relevant questions; tick
- signed and dated the declaration at section 2; and tick
- arranged for your childcare provider to complete section 3 of the form. tick

**If you do not have enough space to answer any question, please use a separate sheet of paper and attach it to this form.**



**Please remember to pay the correct postage.**

# 3

## childcare provider details and costs (to be completed by childcare provider)

### Childcare provider instructions

Please:

- provide your details (a);
- provide your childcare registration/approval details (b);
- advise the amounts paid to you for the period shown in section 1a of this form (c); and
- sign and date the declaration (d).

Once completed, please return this form to the student.

#### a Childcare provider details

Name of childcare provider

Address



Phone number

Postcode

#### b Childcare provider registration/approval details

Please tick the appropriate box and provide the details requested.

**As a childcare provider in Wales, I am registered with the Care and Social Services Inspectorate for Wales (CSSIW).**

Registration number (if applicable)

Date of registration

DAY	MONTH	YEAR
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**As a childcare provider in England, I am registered with Ofsted.**

Registration number (if applicable)

Date of registration

DAY	MONTH	YEAR
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**As a childcare provider in Northern Ireland, I am registered with a Health and Social Services Trust.**

Registration number (if applicable)

Date of registration

DAY	MONTH	YEAR
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**As a childcare provider in Scotland, I am registered with the Scottish Commission for the Regulation of Care.**

Registration number (if applicable)

Date of registration

DAY	MONTH	YEAR
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

childcare provider details and costs  
(to be completed by childcare provider)

I am approved under the Childcare Approval Scheme Wales.

Approver reference

Date of registration 

<b>DAY</b>	<b>MONTH</b>	<b>YEAR</b>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Registration valid until 

<b>DAY</b>	<b>MONTH</b>	<b>YEAR</b>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Disclosure number

I am approved by or registered with another organisation and I have given their details below.

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




<input type="text"/>	Postcode	<input type="text"/>
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Phone number

Reference number

Date of approval or registration. This lasts from 

<b>DAY</b>	<b>MONTH</b>	<b>YEAR</b>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

To 

<b>DAY</b>	<b>MONTH</b>	<b>YEAR</b>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**!** You must now enter the amounts you charged and sign the declaration.

# 3

## continued childcare provider details and costs (to be completed by childcare provider)

Please provide the dates and total weekly amounts you have received for childcare. This should cover **each week beginning on a Monday** in the period shown in section 1a. Do not include any Early Years payments you expect to receive from the Early Years Service.

c

Week beginning	Amount received	Week beginning	Amount received
DAY MONTH YEAR □ □ □ □ □ □	£	DAY MONTH YEAR □ □ □ □ □ □	£
DAY MONTH YEAR □ □ □ □ □ □	£	DAY MONTH YEAR □ □ □ □ □ □	£
DAY MONTH YEAR □ □ □ □ □ □	£	DAY MONTH YEAR □ □ □ □ □ □	£
DAY MONTH YEAR □ □ □ □ □ □	£	DAY MONTH YEAR □ □ □ □ □ □	£
DAY MONTH YEAR □ □ □ □ □ □	£	DAY MONTH YEAR □ □ □ □ □ □	£
DAY MONTH YEAR □ □ □ □ □ □	£	DAY MONTH YEAR □ □ □ □ □ □	£
DAY MONTH YEAR □ □ □ □ □ □	£	DAY MONTH YEAR □ □ □ □ □ □	£
DAY MONTH YEAR □ □ □ □ □ □	£	DAY MONTH YEAR □ □ □ □ □ □	£
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DAY MONTH YEAR □ □ □ □ □ □	£	DAY MONTH YEAR □ □ □ □ □ □	£
DAY MONTH YEAR □ □ □ □ □ □	£	DAY MONTH YEAR □ □ □ □ □ □	£
DAY MONTH YEAR □ □ □ □ □ □	£	DAY MONTH YEAR □ □ □ □ □ □	£
<b>Total amount you have received in this period</b>	£	<b>Total amount you have received in this period</b>	£

d

**Childcare provider declaration**  
I confirm that I have provided childcare for a child (or children) named in section 1b and have received the weekly childcare amounts shown above.

Your full name (in BLOCK CAPITALS)	<input type="text"/>
Position	<input type="text"/>
Your signature	<input type="text" value="X"/>
Date	DAY MONTH YEAR □ □ □ □ □ □

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