



CCG1 Form

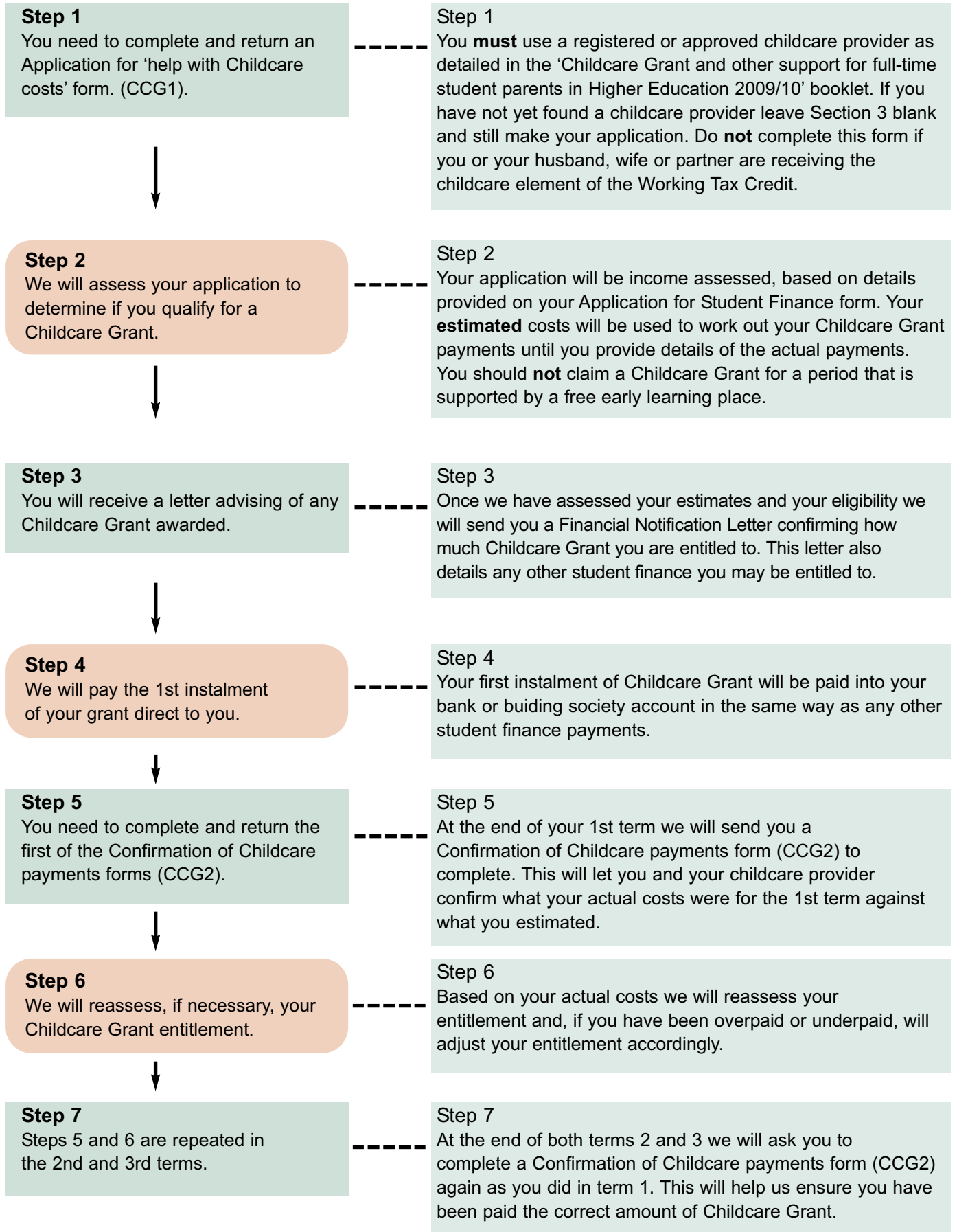
Application for help with childcare costs 2009/10

This form is also available at
www.studentfinancewales.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

- Complete this form in black ink and use BLOCK CAPITALS.
- **Sections 1 and 2** must be completed by **you**.
- **Section 3** must be completed by **your childcare provider(s)** if you have already arranged this.
- **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 use the 'Additional Notes' page at the back of this form.

section

1

student's details

Customer Reference Number/ART ID:

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 2009/10 academic year.

Child's full name	Date of birth			Date childcare started academic year 2009/10		
	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"/>

b Early Years Service

You may get a free place for a child aged three or four from the Early Years Service within your local authority. Your application for a Childcare Grant must not include costs for these places.

Will any child mentioned in Section 2a receive a free Early Years learning place for three and four year olds during the academic year 2009/10?

Yes No

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

Postcode:	

c Childcare estimates

Please enter each child's name and your total 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 total weekly costs 'Before term 1'.

Total 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)	
1			
2			
3			
4			
5			

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.studentfinancewales.co.uk/dataprotection. Alternatively, you can request a copy by writing to the Student Loans Company (SLC) at 100 Bothwell Street, Glasgow or by calling the Student Finance Wales Contact Centre.

If you cannot sign this form it must be signed on your behalf by your 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 given on this form is true and complete and I understand that if I have given my LA false information, or have not given them complete information, I might be refused financial support, or I may be prosecuted and my financial support withdrawn.
- I agree to give my LA any additional information they require to enable them to process my application and agree to tell them immediately if my personal or financial circumstances change in any way that might affect my entitlement to financial support.
- I understand that if I do not tell my LA about any change in my circumstances, which may affect my entitlement, I may not be eligible to receive any outstanding instalments or payments that they have told me about, and that I may have to repay all or part of the financial support I have already received in the year.
- I understand that if I do not take up my childcare, or if I change to a childcare provider who is not registered or approved, I will have to pay back any overpayment.
- I understand that if I do not provide the evidence of childcare costs within the timescales set, I might lose my entitlement and I might have to repay all or part of any financial support paid to me.
- 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 the Working Tax Credit and I agree to tell my LA immediately if I or my husband, wife, civil partner or cohabiting partner does receive this support.
- If my payments to my childcare provider are different from the estimates I have provided on this form I understand that my next payment of Childcare Grant will increase or decrease accordingly. I also understand that if no further Childcare Grant payments are due to be paid to me I may be liable to repay any difference between my estimated costs and my actual costs.

Your full name (in
BLOCK CAPITALS):

Your signature:

Date:

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

Please refer to the checklist on page 14 of this form to ensure you have completed all the relevant sections.



Important information

If applicable, please request your childcare provider completes 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 2009/10' 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.

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

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

Registration number (if applicable):

Date of registration: DAY MONTH YEAR

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

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

I am approved under the Childcare Approval Scheme Wales.

Approver reference:

Date of registration:

DAY MONTH YEAR

Registration valid until:

DAY MONTH YEAR

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.

Postcode:

Phone number:

Reference number:

Date of approval or registration.

This lasts from: DAY MONTH YEAR

To: DAY MONTH YEAR

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):

Position:

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.

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

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

Registration number (if applicable):

Date of registration:
DAY MONTH YEAR

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

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

I am approved under the Childcare Approval Scheme Wales.

Approver reference:

Date of registration:

Registration valid until:

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.

Postcode:

Phone number:

Reference number:

Date of approval or registration. This lasts from:

To:

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):

Position:

Your signature: Date:

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

to be completed by childcare provider (3)

Childcare provider details

Name of childcare provider:

Address:

Phone number:

Postcode:

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):

DAY MONTH YEAR

Date of registration:

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

Registration number (if applicable):

DAY MONTH YEAR

Date of registration:

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

Registration number (if applicable):

DAY MONTH YEAR

Date of registration:

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

Registration number (if applicable):

DAY MONTH YEAR

Date of registration:

I am approved under the Childcare Approval Scheme Wales.

Approver reference:

Date of registration:

Registration valid until:

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.

 Postcode:

Phone number:

Reference number:

Date of approval or registration. This lasts from:

To:

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):

Position:

Your signature: Date:

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Additional Notes

If you are providing extra information below please clearly mark what section and question number the information is relating to.

Additional Notes

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). **tick**



Please remember to pay the correct postage.

Once you have completed this form and signed and dated the declaration, please return it to the LA at the address shown on the contact list available at www.studentfinancewales.co.uk.