

CCG1

Application for help with childcare costs –
Academic Year **2017/18**

Cais am gymorth â chostau gofal plant –
Blwyddyn Academaidd **2017/18**

This form is also available to download at: www.studentfinancewales.co.uk
Mae'r ffurflen hon hefyd ar gael i'w llwytho i lawr yn: www.cyllidmyfyrwycymru.co.uk



SFW/CCG1/1718/A

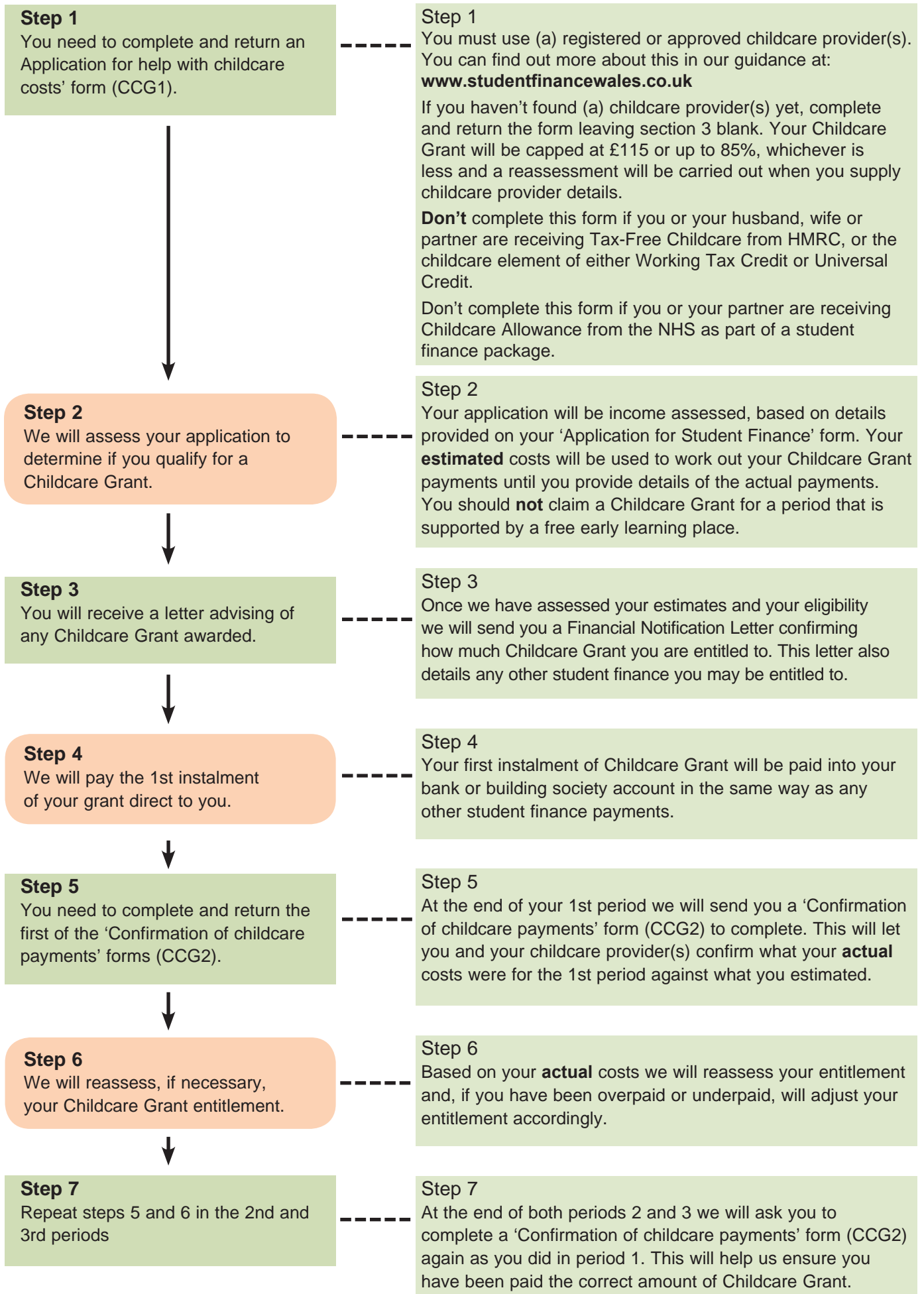


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Steps to getting a Childcare Grant (CCG) if you have dependent children in registered or approved childcare



! 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)** 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 a 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:

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 2017/18 academic year.

Child's full name	Date of birth	Date childcare started academic year 2017/18
Child 1	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child 2	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child 3	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child 4	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child 5	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

student's childcare details

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 question 2a receive a free Early Years learning place for three and four year olds during the academic year 2017/18? Yes No

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

<div style="width: 45%; height: 30px;"></div> <div style="width: 10%; text-align: center;">Postcode:</div> <div style="width: 40%; height: 30px;"></div>

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 question 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, G2 7JD** or by calling the Student Finance Wales Contact Centre.

- 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.
- 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"/>

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



Important information

Your childcare provider(s) completes section 3 of this form, you should make sure that they're approved or registered as described in our online guidance. This can be found at: www.studentfinancewales.co.uk

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
<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"/>

I am approved under the Childcare Approval Scheme Wales.

Approver reference:

DAY MONTH YEAR

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: X 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:

DAY MONTH YEAR

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 (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.

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:

DAY MONTH YEAR

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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Additional notes

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

Student's checklist

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

- Completed your main application for student finance. **tick**
- Sent us all the evidence we need, including your child's/children's original birth certificate(s), and evidence that you have care of the child/children, for example, evidence that you are receiving Child Benefit, Child Tax Credit or the childcare element of Universal Credit. **tick**
- Fully answered all the relevant questions on this form. **tick**
- Checked that your childcare provider is fully registered or approved, for more information read our online guidance available at: www.studentfinancewales.co.uk **tick**
- Have your childcare provider(s) complete section 3 (if you have one arranged, if not leave the section blank and we'll get this information from you at a later date). **tick**
- Signed and dated the Student declaration on page 6. **tick**



Please remember to pay the correct postage.

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**