

CCG2

Confirmation of childcare payments –
Academic Year **2017/18**

Cadarnhad taliadau gofal plant –
Blwyddyn Academaidd **2017/18**

You can also apply online at: www.studentfinancewales.co.uk
Gallwch hefyd ymgeisio ar-lein yn: www.cyllidmyfyrwycymru.co.uk



SFW/CCG2/1718/A



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You should only complete this form if you have already completed an 'Application for help with childcare costs 2017/18' (CCG1) form and provided us with estimated childcare costs.



It's important you return this form as soon as possible. If we don't get the information we need your Childcare Grant will be stopped and you may be asked to repay any payments you've already had.



Step 1

You complete sections 1 and 2, then pass the form to your childcare provider(s). If you or your partner are receiving the childcare element of Working Tax Credit or Universal Credit, Tax-Free Childcare from HMRC or are receiving Childcare Allowance from the National Health Service (NHS) as part of a student finance package, you should not complete this form.



Step 2

Your childcare provider(s) must fully complete section 3. If they do not confirm the amounts they have charged you, your Childcare Grant will be stopped and you may be asked to repay any payments you've already had.



Step 3

Return your completed form to the address on the covering letter sent with this form.



Step 4

We'll use the information on this form to make sure you're being paid the right amount of Childcare Grant. If we need to adjust your payments we'll let you know.



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

student's details

a Personal details

Customer Reference Number:

Your forename(s):

Your surname:

Date of birth:

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

Postcode:

b Childcare cost period

Which period are you confirming payments made to your childcare provider?

September course start

January course start

1 Sep 17 – 22 Oct 17	<input type="checkbox"/>	1 Jan 18 – 25 Feb 18	<input type="checkbox"/>
23 Oct 17 – 21 Jan 18	<input type="checkbox"/>	26 Feb 18 – 27 May 18	<input type="checkbox"/>
22 Jan 18 – 31 Aug 18	<input type="checkbox"/>	28 May 18 – 31 Dec 18	<input type="checkbox"/>

Other course start From: To:

c Details of children

Please provide the details of children who were in the care of a **registered or approved** childcare provider for the period 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"/>

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change of circumstances

You only need to complete this section if your weekly childcare costs are likely to change from the costs you estimated on the 'Application for help with childcare costs' (CCG1) form 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	£	£	£	£	£
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	£	£	£	£	£

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 details below.

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			£

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.

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 provided is true and complete. If it is not, I understand that 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



Important information

Your childcare provider must complete section 3. You must ensure that each childcare provider is approved or registered as detailed in the guide available at: www.studentfinancewales.co.uk

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childcare provider details and costs to be completed by childcare provider (1)

Childcare provider 1 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 1b of this form (c); and
- sign the declaration (d).

Once completed, please return this form to the student.

a Childcare provider 1 details

Name of childcare provider 1:

Address:

Phone number:

Postcode:

b Childcare provider 1 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"/>

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"/>

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"/>

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"/>

childcare provider details and costs to be completed by childcare provider (1)

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:

! You must now enter the amounts paid to you and sign the declaration.

childcare provider details and costs to be completed by childcare provider (2)

continued

Childcare provider 2 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 1b of this form (c); and
- sign the declaration (d).

Once completed, please return this form to the student.

a Childcare provider 2 details

Name of childcare provider 2:

Address:

Phone number:

Postcode:

b Childcare provider 2 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"/>

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"/>

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"/>

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"/>

3

continued

childcare provider details and costs to be completed by childcare provider (2)

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:

 **You must now enter the amounts paid to you and sign the declaration.**

3

continued childcare provider details and costs to be completed by childcare provider (3)

Childcare provider 3 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 1b of this form (c); and
- sign the declaration (d).

Once completed, please return this form to the student.

a Childcare provider 3 details

Name of childcare provider 3:

Address:

Postcode:

Phone number:

b Childcare provider 3 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:

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

Registration number (if applicable):

Date of registration:

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

Registration number (if applicable):

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):

Date of registration:

childcare provider details and costs to be completed by childcare provider (3)

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**

! You must now enter the amounts paid to you and sign the declaration.

Additional notes

Student's checklist

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

- Fully answered section 1. **tick**
- Completed section 2 if your weekly childcare costs have changed. **tick**
- Signed and dated the Student's declaration on page 5. **tick**
- Asked your childcare provider(s) to complete section 3. **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**