

# PTCCG1

Application for help with childcare costs  
for part-time students **2017/18**

Name

Address

## Important information

- The **estimated** costs you give us on this form will be used to work out your Childcare Grant payments. You'll need to confirm your actual costs later in the year. We'll send you a Confirmation of childcare payments for part-time students form (PTCCG2) to do this.
- You should not claim a Childcare Grant for a period that is supported by any free early learning place.
- Do not 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.

### How to complete this form

- 1) You must complete **section 1** providing any required documentation. If a question doesn't apply to you, write 'N/A' or 'None'. If you don't we may return the form to you and your application for Childcare Grant may be delayed.
- 2) Your **childcare provider** must complete **section 2**. You must use a registered or approved childcare provider. If you haven't found a childcare provider yet, complete and return the form leaving section 2 blank. We'll ask you to give us the childcare provider's details at a later date. Your Childcare Grant will be capped. The maximum amount you can get will depend on your course intensity. A reassessment will be carried out once you supply childcare provider details.
- 3) 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**



**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.

section

# 1

## student's details

a

Customer Reference Number

Your forename(s)

Your surname

Date of birth DAY MONTH YEAR

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

Postcode

Your course term dates

**Term 1**

START DAY MONTH YEAR           FINISH DAY MONTH YEAR

**Term 2**

START DAY MONTH YEAR           FINISH DAY MONTH YEAR

**Term 3**

START DAY MONTH YEAR           FINISH DAY MONTH YEAR

b

**Childcare during your academic year**

Please provide details below 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.

Full name of child	Date of birth	Date childcare started in academic year 2017/18
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"/>
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"/>
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"/>
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"/>
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"/>

Please provide a copy of your child(ren)s' birth certificate and a copy of the most recent Child Tax Credit, Working Tax Credit or Universal Credit notification which you would have received from HM Revenue & Customs.

student's details

**c** You may get a free place for a child aged three or four from the Early Years Service within your local authority. In this case they will pay or reimburse all of the costs of the place, irrespective of your income. You cannot apply for Childcare Grant to pay for these places. Your childcare provider should claim these costs back directly through the Early Years Service.

Will any child mentioned in section 1b receive free Early Years Learning place for three and four year olds **during** the academic year? Yes  No

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

Postcode

**d** **Do not include any costs that are paid for by free Early Years education for three and four year olds.** Please enter each child's name and your **estimated** typical weekly childcare costs, after taking off other grants for childcare, during your academic year. The earliest we can pay for your childcare costs is the start of your academic year (this is usually 1 September 2017). Complete 'Typical weekly costs before term 1' if you want to claim for the period between the first day of your academic year and the start of term 1.

Typical weekly costs (estimates)					
Name of child	1	2	3	4	5
Before term 1	£	£	£	£	£
Term 1	£	£	£	£	£
Holiday 1	£	£	£	£	£
Term 2	£	£	£	£	£
Holiday 2	£	£	£	£	£
Term 3	£	£	£	£	£
<b>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.</b>					
After term 3	£	£	£	£	£

If any of your childcare costs will vary from those shown above, provide details of these in 1e. You may find it helpful to take a note of the above estimates for when you have to complete your actual costs on form PTCCG2.

You and your childcare provider will be asked to complete a separate form PTCCG2 three times during the year. You must complete a PTCCG2 form at the following times:

- 27 November 2017
- 26 February 2018
- 01 October 2018

Students in the final year of their course and students not using childcare during the long vacation should return their third PTCCG2 form by 16 July 2018.

**Exceptions to childcare estimates**

- e If you do not pay for childcare for a whole term or holiday, or if your childcare costs are different in any week to those you have given in 1d, please provide dates for the weeks where you will pay different costs below.

Name of child	Reason for difference in estimated weekly costs	From (DD/MM/YYYY)	To (DD/MM/YYYY)	Typical weekly childcare costs
1				£
2				£
3				£
4				£
5				£

# Student Declaration

Before signing and returning your completed form, you should read the Data Protection Statement on the PTL1, PTLC, PTGN or PTGC notes that were sent with the original PTL1, PTLC, PTGN or PTGC application form. This statement sets out who will use the information provided on this PTCCG1 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 also obtain a copy of the Statement by writing to the Student Loans Company 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 my 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 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 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 may lose my entitlement and I may 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: (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"/>

# Student checklist

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

- read the information on the front page of this form; **tick**
- fully answered all the relevant questions; **tick**
- enclosed all the relevant documents; **tick**
- signed and dated the Student Declaration; and **tick**
- arranged for your childcare provider to complete section 2 (if applicable). **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.**

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**

## childcare provider details

If you have a childcare provider, ask them to complete the following section of the form and sign the declaration before you return it.

### Childcare provider details

Name of childcare provider

Name(s) of child/children in care

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

**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

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 1 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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