

Name

Contact address

2025/26

PTCCG2

Confirmation of childcare
payments for
part-time students

We welcome applications in Welsh. If you would prefer to apply in Welsh, a Welsh version of this form is available. Applying in Welsh will not delay your application.

This form is also available at:
www.studentfinancewales.co.uk



Remember to pay the correct postage.



Important information

To find out how we'll use the information you provide go to

www.studentfinancewales.co.uk/privacynotice to read our Privacy Notice before completing this form. 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 25 - 26 Oct 25)	1 December 2025	Period 1 (1 Jan 26 - 22 Feb 26)	30 March 2026
Period 2 (27 Oct 25 - 25 Jan 26)	2 March 2026	Period 2 (23 Feb 26 - 24 May 26)	29 June 2026
Period 3 (26 Jan 26 - 31 Aug 26)	5 October 2026	Period 3 (25 May 26 - 31 Dec 26)	9 February 2027

- 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 **6 July 2026**.
- 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**

Section 1 - student's details

a

Customer Reference Number

Your forename(s)

Your surname

Date of birth
Day Month Year

Your full current contact address

Postcode

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

September course start

Period 1 (1 Sep 25 - 26 Oct 25)

Period 2 (27 Oct 25 - 25 Jan 26)

Period 3 (26 Jan 26 - 31 Aug 26)

January course start

Period 1 (1 Jan 26 - 22 Feb 26)

Period 2 (23 Feb 26 - 24 May 26)

Period 3 (25 May 26 - 31 Dec 26)

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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Day Month Year</small>
2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Day Month Year</small>
3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Day Month Year</small>
4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Day Month Year</small>
5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Day Month Year</small>

Section 2 - change of circumstances

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			£

Section 2 - change of circumstances

Continued

Student declaration

If you cannot sign the form it must be signed on your behalf by your attorney. The Power of Attorney letter must be sent with the application before a signature from that 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 Ltd (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 HM Revenue & Customs ("HMRC") to check whether I am in receipt of childcare support from HMRC.

Your full name
(in BLOCK CAPITALS)

Your signature

X

Date

Day

Month

Year

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;
- fully answered all the relevant questions;
- signed and dated the declaration at section 2; and
- arranged for your childcare provider to complete section 3 of the form.

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.

Section 3 - childcare provider details and costs

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.

To find out how we'll use the information you provide go to

www.studentfinancewales.co.uk/privacynotice to read our Privacy Notice before completing this form.

a Childcare provider details

Name of childcare provider

Address

Postcode

Phone number

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)

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

Section 3 - childcare provider details and costs

Continued

I am approved under the Childcare Approval Scheme Wales.

Approver reference

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"/>

Registration valid until

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"/>

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
<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

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"/>



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

Section 3 - childcare provider details and costs

Continued

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 <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	£ <input type="text"/>	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	£ <input type="text"/>
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Total amount you have received in this period	£ <input type="text"/>	Total amount you have received in this period	£ <input type="text"/>

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)

Position

Your signature

X

Date Day Month Year



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