

**NHS Bursary: Application for Childcare Allowance
Academic Year 2008/09****Student Reference Number**

You must write your number in the box below,
and on every page where you see this box,
failure to do so may delay your payment.

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 2 | | | | | | | |
|---|--|--|--|--|--|--|--|

This is your unique 7 digit number, which can
be found on all our correspondence to yourself.

Complete and send to:

NHS Student Bursaries
Hesketh House
200-220 Broadway
Fleetwood
FY7 8SS

www.nhsstudentgrants.co.uk

Helpline: 0845 358 6655 Hours: Mon - Fri 8.00am - 6.00pm and Sat 9.00am - 3.00pm

Please complete this application form if it is your intention to use registered or approved childcare during the forthcoming academic year, as you may be eligible for help towards your costs from this allowance.

The Childcare Allowance is income-assessed and your entitlement will be calculated on your own income and that of your spouse, civil partner or partner, whichever is applicable in the 2008/2009 academic year.

For further information regarding the Childcare Allowance, please read the guidance booklet "Help with Childcare costs for NHS funded students 2008/09", which is available from our website.

The Application form cannot be processed unless you have completed the relevant NHS Bursary application form and a form PSM1_ Deps. You can download these forms from our website.

All information held by NHS Student Bursaries is treated confidentially. Your e-mail address may be used as the preferred method of communication.

1. Personal Details - to be completed by all students

Surname

Other names

Title (please tick) Mr Mrs Miss Ms Other

If 'Other' - state title

Date of birth / /

Current UK address

 Postcode

E-mail address

Telephone number

Mobile number

Completing the form

The form has 5 sections. You will need to complete Sections 1 to 4. Your Childcare Provider should complete Section 5.

- Documentary evidence is required before the Childcare Allowance can be awarded. To avoid any delay in processing your application, please enclose **ALL** proof requested when returning the form
- Your Childcare Provider **MUST** give their registration or reference number on the form.
- You **MUST NOT** include in your claim for childcare costs, any costs covered by the Early Years Education Scheme administered by your Local Authority.

If you are informing us of a change in your childcare costs or childcare provider, you should also use this form.

2. Working Tax Credit - to be completed by all students

Do you, your spouse, civil partner or partner receive or expect to receive Working Tax Credit during the forthcoming academic year?

Yes No

If 'Yes' do you, your husband, wife civil partner or partner receive or expect to receive the childcare element of Working Tax Credit?

Yes No

If you have answered 'Yes' to either of these questions please provide a full copy of your latest Working Tax Credit Award Summary.

3. Declaration - MUST be completed by all students

- Neither I nor my husband, wife, civil partner or partner have chosen to receive support from the childcare element of Working Tax Credit
- If I do not take up my childcare as shown above or I change to a childcare provider who is not registered or approved, I will have to pay back any overpayment of Bursary to the NHS Business Services Authority Student Bursaries.
- I consent to the NHS Business Services Authority Student Bursaries contacting the childcare provider(s) detailed in Part 5 of this form to obtain information to verify my entitlement to the Childcare Allowance.

Signature of applicant

Date

Anticipated Childcare Costs Period Table

If your course starts:

Your Anticipated Childcare Cost period will be:

Before September 2008

1 September 2008 to 31 August 2009

or between:

September 2008 and December 2008

1 September 2008 to 31 August 2009

January 2009 and March 2009

1 January 2009 to 31 December 2009

April 2009 and June 2009

1 April 2009 to 31 March 2010

July 2009 and August 2009

1 July 2009 to 30 June 2010

A separate Section 4 and 5 MUST be downloaded and completed for each child you are claiming for.

4. Childcare Costs - to be completed by all students

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 2 | | | | | | | |
|---|--|--|--|--|--|--|--|

Please provide details of the **child** who will be receiving registered or approved childcare in the forthcoming academic year. On completion of this part of the form please ask your childcare provider to complete **Section 5** for each child.

Name of child

Date of birth

Date childcare commenced or will commence

Name of childcare provider

Childcare Provider's registration or reference number

Will the child receive free early years education for 3 and 4 years olds during the forthcoming academic year? Yes
 No

If 'Yes' please give the name and address of the provider in the box below.

Please enter your anticipated weekly childcare costs for the forthcoming academic year. You can include any childcare costs you will incur during vacation periods but do not include the costs covered by any free early years place you receive. Should your childcare costs vary at different times of the year then a separate entry for each period should be made. **Please note that if you are in the final year of your course the allowance can only be paid up to the last day of your attendance.**

| Date From | Date To | No. of weeks | Weekly Cost | Total | |
|---|---------|--------------|-------------|-------|---|
| | | | | £ | p |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Grand Total of Childcare Costs for the forthcoming academic year | | | | | |

How many children do you wish to apply for in total?

5. Verification of Childcare Costs - all childcare providers must complete Section A and then either Section B or C.

Section A - to be completed by ALL Childcare Providers

| | | | | | | |
|---|--|--|--|--|--|--|
| 2 | | | | | | |
|---|--|--|--|--|--|--|

Name of child cared for

Date of birth of this child /

Your name / organisation name

Your address and postcode or address of organisation

Telephone number Fax No.

OFSTED Registration number or C.A.S. reference number Date of registration /

Registration lasts from / to /

I am registered with

Section B - Children aged under 8 - to be signed by Registered childcare providers who provide care for children under age 8

*Declaration: I am registered with Ofsted, or equivalent if based outside England as a childminder or provider of day or out-of-hours school care within the meaning of the Childcare Act 2006, or I can confirm that the childcare detailed above is provided directly by a school for a child or children aged 3 or over; or it is provided by a Local Authority or it is an agency registered under the Domiciliary Care Agencies Regulations 2002 providing childcare in the child's own home. **I confirm that I have agreed to provide childcare for the child named at Section 4 of this form and at the cost(s) quoted.** I agree to provide to the NHS Business Services Authority Student Bursaries documentary evidence on request to confirm that the person named at Section 1 of this form has met the costs for childcare in respect of the child named at Section 4.*

Signature Date /

Name Position

Section C - Children aged 8 and over to be signed by approved organisations providing childcare for children aged 8 and over

*Declaration: I confirm that the organisation named above is fully registered with Ofsted, or it is provided by a Local Authority, or it is an agency registered under the Domiciliary Care Agencies Regulations 2002 (or equivalent legislation if based outside England) providing childcare in the child's home. **I confirm that I have agreed to provide childcare for the child named at Section 4 of this form and at the cost(s) quoted.** I agree to provide the NHS Business Services Authority Student Bursaries, documentary evidence on request to confirm that the person named at Section 1 of this form has met the costs for childcare in respect of the child named at Section 4.*

Signature Date /

Name Position