

# NHS Student Bursary: Academic Year 2010/11

## Application form for Childcare Allowance

Please read the following information carefully before completing the rest of this form:

It is important that you answer the questions in this application form accurately, and that evidence you provide is correct and complete. If your circumstances change following submission of this form, you must inform NHS Student Bursaries as soon as possible using form PSM11, available on the website. If you do not, you could receive an incorrect amount and you may have to pay some money back to NHS Student Bursaries.

Please note that if you knowingly withhold information, or provide false information, in order to receive more bursary funds than you are entitled to, you will be committing fraud. If at any time NHS Student Bursaries suspect that a claim is fraudulent a referral will be made to the NHS Counter Fraud and Security Management Service (CFSMS) for further investigation.

If you suspect that someone may be claiming a bursary fraudulently, you can use the free phone NHS Fraud and Corruption Reporting Line (FCRL) to pass on information anonymously. All calls are treated in confidence and investigated by professionally trained staff. The FCRL number is 0800 028 40 60.

If a person is found to be guilty of fraud following an investigation, they may be liable to prosecution, civil and/or disciplinary proceedings.

Your Name

Your Reference  
number

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### Before sending your NHS Student Bursary Application to us please:

- KEEP** a photocopy of all documents sent for your own records. The NHS Student Bursaries cannot take responsibility for applications and evidence lost in the post.
- ATTACH** a pre-paid, self-addressed special delivery envelope if you wish to have your documents returned to you securely. If you do not, we will return all original documents by second class post.
- ENCLOSE** **two sets of documents with your application, the originals plus photocopies. This is to ensure your documents are returned to you more quickly.**
- PAY** the correct postage and write your name and address on the back of the envelope to avoid your mail going astray.
- POST** your application and evidence by **special delivery** to guarantee your items are delivered to:

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

#### Your documents

On receipt, your documents will be processed and returned to you, usually within 10 working days. We will then process your submitted application within 20 working days of receipt of all required documentation/evidence. Failure to provide any of the relevant evidence will result in the assessment of your application being delayed. The NHS Student Bursaries cannot take responsibility for items lost in the post.

## Application form for Childcare Allowance

Student Bursaries

This application is for childcare costs for the academic year period **01/09/2010 - 31/08/2011**. If you are commencing your first academic year during this period please show your childcare costs from the start date of your course to **31/08/2011**.

### Student reference number

You must write your number in the box below, failure to do so may delay your payment. This is your unique 7 digit reference number, which can be found on any correspondence we have sent you.

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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 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 2010/2011 academic year.

**For further information regarding the Childcare Allowance, please read the guidance booklet "Help with Childcare costs for NHS funded students 2010/11", which is available from our website [www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk) THE APPLICATION FORM CANNOT BE PROCESSED UNLESS YOU HAVE COMPLETED THE RELEVANT NHS BURSARY APPLICATION FORM AND A FORM PSM1 (DEPS) FOR DEPENDANTS ALLOWANCE. You can download these forms from our website.**

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

### 1. Personal Details - complete the form in CAPITALS using black ink.

Surname or family name		
First name		
Other names		
Previous names including maiden name		
Date of birth	/	/

Current address	
Town / City	Postcode

Daytime phone number (                    )
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Mobile phone number
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E-mail
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National Insurance Number								
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Title             Mr             Mrs             Other i.e. Dr, Rev  
 Ms             Miss

Complete this form and send to:

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

Consult the Checklist on page 8 where advised to do so, for a list of acceptable documents.

◀ This helps us contact you more quickly.



**Please note; A separate Section 3, 4 and 5 MUST be downloaded and completed for each childcare provider you are using.**

### **3. Details of Childcare provider - to be completed by the student**

Name of childcare provider

Address   
  
  
Post code

OFSTED Registration number or equivalent Reference number

Date of Registration  /  /  Telephone number

#### **Details of Children being cared for by this provider in the 2010/2011 Academic Year.**

<b>Name of Child</b>	<b>Date of birth</b>

**Please now complete section 4 overleaf detailing the anticipated costs for this period and then ask your provider to observe and sign the declaration on page 9 to verify these costs.**

**As stated at the top of this page, please ensure that a separate section 3, 4 and 5 is completed for each provider you use.**

## 4. Estimated Charges for the period 1 September to 31 August 2011 - to be completed by the Student

Please complete the table below and on the following page, showing anticipated charges you expect to be made to you in each individual week. Please specify how many children you require care for, and the total charge for each week.

**Any weeks left blank will be assumed to have no charge.**

Date From	Date To	Week	Number of Children	Total Charges made	
				£	p
01/09/2010	06/09/2010	01			
07/09/2010	13/09/2010	02			
14/09/2010	20/09/2010	03			
21/09/2010	27/09/2010	04			
28/09/2010	04/10/2010	05			
05/10/2010	11/10/2010	06			
12/10/2010	18/10/2010	07			
19/10/2010	25/10/2010	08			
26/10/2010	01/11/2010	09			
02/11/2010	08/11/2010	10			
09/11/2010	15/11/2010	11			
16/11/2010	22/11/2010	12			
23/11/2010	29/11/2010	13			
30/11/2010	06/12/2010	14			
07/12/2010	13/12/2010	15			
14/12/2010	20/12/2010	16			
21/12/2010	27/12/2010	17			
28/12/2010	03/01/2011	18			
04/01/2011	10/01/2011	19			
11/01/2011	17/01/2011	20			
18/01/2011	24/01/2011	21			
25/01/2011	31/01/2011	22			
01/02/2011	07/02/2011	23			
08/02/2011	14/02/2011	24			
15/02/2011	21/02/2011	25			
22/02/2011	28/02/2011	26			

**Please continue overleaf with the remaining weeks of the year.**

## 4. Estimated Charges for the period 1 September to 31 August 2011 (cont.) - to be completed by the Student

Please complete the table below, showing anticipated charges you expect to be made to you in each individual week. Please specify how many children you require care for, and the total charge for each week.

**Any weeks left blank will be assumed to have no charge.**

Date From	Date To	Week	Number of Children	Total Charges made	
				£	p
01/03/2011	07/03/2011	27			
08/03/2011	14/03/2011	28			
15/03/2011	21/03/2011	29			
22/03/2011	28/03/2011	30			
29/03/2011	04/04/2011	31			
05/04/2011	11/04/2011	32			
12/04/2011	18/04/2011	33			
19/04/2011	25/04/2011	34			
26/04/2011	02/05/2011	35			
03/05/2011	09/05/2011	36			
10/05/2011	16/05/2011	37			
17/05/2011	23/05/2011	38			
24/05/2011	30/05/2011	39			
31/05/2011	06/06/2011	40			
07/06/2011	13/06/2011	41			
14/06/2011	20/06/2011	42			
21/06/2011	27/06/2011	43			
28/06/2011	04/07/2011	44			
05/07/2011	11/07/2011	45			
12/07/2011	18/07/2011	46			
19/07/2011	25/07/2011	47			
26/07/2011	01/08/2011	48			
02/08/2011	08/08/2011	49			
09/08/2011	15/08/2011	50			
16/08/2011	22/08/2011	51			
23/08/2011	29/08/2011	52			

## 5. Verification of Childcare costs - all childcare providers must complete

### Section A and sign the Declaration on Page 9

Are the childcare costs provided on pages 5 and 6 correct?

Yes

No

If 'NO' please insert the actual details in the space below providing details of dates and amounts.


#### Section A - to be completed by **ALL** Childcare providers

Your name

Organisation name

Your address or address of organisation


Your postcode

Post code

Telephone number

Fax No.

OFSTED Registration number or equivalent

Date of Registration

Registration lasts from

to

I am registered with

**Please sign the childcare provider Declaration on Page 9.**

## Checklist for PSM1 (CAA)

### Application for Childcare Allowance 2010/2011

**Please note: The checklist provides a list of acceptable documentation you can provide in support of your application. PLEASE REMEMBER TO ENCLOSE TWO SETS OF DOCUMENTS, ORIGINALS AND PHOTOCOPIES, WITH YOUR APPLICATION. FAILURE TO DO SO MAY DELAY YOUR APPLICATION OR THE RETURN OF YOUR ORIGINAL DOCUMENTS. If you do not provide the required supporting documentation your application will be returned to you and may result in a delay in your bursary payment.**

**Please remember to tick the relevant box where you have enclosed documentation.**

**A** ensure you provide the full letter sent to you by HM Revenue and Customs informing you how much working tax credit you will receive.

HM Revenue and Customs letter

Official use only

Items  
received

Items  
returned

**Childcare Provider declaration** - to be signed by childcare provider.

**Please ensure that before you sign this declaration you have checked that the charges declared on the estimated costs table on pages 5 and 6 are as accurate as possible.**

I declare that the information I have given on this form and in any supporting documents is complete and accurate.

I declare that I am registered with Ofsted (or it's equivalent if based outside England) as a childminder or provider, for the child(ren) named at part 3 of this form, of day or out-of-hours school care within the meaning of the Childcare Act 2006, or I can confirm that the childcare detailed on this form is provided directly by a school for a child or children age 3 or over; or it is provided by a Local Authority; or it is provided by an agency registered under the Domiciliary Care Agencies Regulations 2002 providing childcare in the child(ren)s own home; or I am an approved foster carer providing childcare for a child or children to whom I do not normally foster.

I confirm that I have agreed to provide childcare for the child(ren) named in Part 3 of this form at the cost(s) that are quoted. I agree to provide NHS Student Bursaries with documentary evidence upon request to confirm that the person named at Part 1 of this form has met the costs for childcare in respect of the child(ren) named at Part 3 of this form.

I understand and accept that if I provide false or misleading information, I may be liable to prosecution and / or civil proceedings.

I consent to NHS Student Bursaries contacting the person named in Part 1 of this form for the purposes of verification of information provided on this form.

I understand that the administration of NHS Student Bursaries and responsibility for counter fraud and security management in the NHS are both responsibilities of the NHS Business Services Authority. I understand that the NHS Student Bursaries may share the information on this form with the NHS Counter Fraud and Security Management Service for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS.

Name

Signature

Date

## Student declaration

I declare that I have read and understood the booklet "Help with Childcare Costs for New and Existing NHS Students". [http://www.nhsbsa.nhs.uk/Students/Documents/CCAbooklet\\_2010-2011.pdf](http://www.nhsbsa.nhs.uk/Students/Documents/CCAbooklet_2010-2011.pdf)

I declare that the childcare costs I have claimed for are not covered by the Early Years Education Scheme.

I declare that neither I, nor my spouse/civil partner/ partner receives the childcare element of Working Tax credit from HM Revenue and Customs.

I will inform NHS Student Bursaries immediately of any change in circumstances that might affect my entitlement to financial support or the NHS Student Bursaries records relating to me, including but not limited to:

- ◆ withdrawing, suspending, deferring or interrupting the course temporarily or permanently for any reason, regardless of whether I intend to return;
- ◆ changing my study pattern from full-time to part-time, or vice versa;
- ◆ taking a year or term out from study;
- ◆ changing the account I want my payments made to;
- ◆ changing address;
- ◆ gaining support for childcare costs from a publicly funded body or an employer.

I accept that the NHS Student Bursaries will immediately terminate or suspend my funding if;

- ◆ I withdraw, suspend, defer or interrupt the course temporarily or permanently for any reason, regardless of whether I intend to return;
- ◆ I take a year or term out from study;
- ◆ NHS Student Bursaries determines as its absolute discretion that it is reasonable for it to do so;
- ◆ I gain support for childcare costs from a publicly funded body or an employer;
- ◆ I use a childcare provider that is not registered with Ofsted, approved by the Childcare Approval Scheme or accredited by an approved organisation;
- ◆ NHS Student Bursaries in its absolute discretion determines that I am no longer entitled to financial support.

I will pay back to the NHS Student Bursaries within 30 days of receiving notification any excess payment, fees and any other charges, in the event of the following circumstances:

- ◆ changing my study pattern from full-time to part-time;
- ◆ withdrawing, suspending, deferring or interrupting the course temporarily or permanently for any reason, regardless of whether I intend to return;
- ◆ taking a year or term out from study;
- ◆ being overpaid because I have failed to inform the NHS Student Bursaries of a change in my circumstances;
- ◆ an NHS Student Bursaries administrative error;
- ◆ where the NHS Student Bursaries at its absolute discretion determines I have been given financial support to which I am not entitled; or
- ◆ I gain support for childcare costs from a publicly funded body or my employer.

Should I fail to make full repayment of any amount due or agree an acceptable repayment plan with NHS Student Bursaries, the debt may be passed to a debt collection agency. I agree that I will be charged for any additional recovery costs at the rate of 7% which will be added to the balance outstanding on referral.

I declare that the information given on this form and in any supporting documents provided is complete and accurate. I understand and accept that if I provide false or misleading information, financial support may be refused or withdrawn and I may be liable to prosecution and/or civil proceedings.

I consent to NHS Student Bursaries contacting the childcare provider(s) detailed in Part 3 and Part 4 of this form for the purposes of verification of information provided on this form

I understand that the administration of NHS Student Bursaries and responsibility for counter fraud and security management in the NHS are both responsibilities of the NHS Business Services Authority. I understand that NHS Student Bursaries may share the information on this form with the NHS Counter Fraud and Security Management Service for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS.

*(Signed by the student)*

Signature

Print name

Date