

**NHS Bursary: Application for Re-Assessment following a review of Childcare
Academic Year 2009/2010****Student Reference Number**

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

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This is your unique 7-digit number, which can
be found on all correspondence we have sent to you.

Complete and send to:

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

www.nhsbsa.nhs.uk

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

Please complete this application form if you require a re-assessment of your childcare allowance following the review of your childcare.

As your childcare provider(s) has confirmed to us the actual childcare charges made to yourself in the period 1 September 2009 – 28 February 2010, we will now always use this amount for this period when re-assessing your 2009/10 childcare allowance.

Therefore please use this form to apply for the period 1 March 2010 – 31st August 2010* (26 weeks) only.

Ensure the costs have been verified and signed off by your childcare provider(s) and we will then re-assess your childcare allowance for the entire 2009/2010 academic year using the charges declared by your provider for the period 01/09/09 – 28/02/10 (26 weeks) and the costs declared on this form for the period 01/03/10 – 31/08/10* (26 weeks).

** If you are in the final year of your course the allowance can only be paid up to the last day of your attendance.*

1. Personal Details - to be completed by all students

Surname	<input type="text"/>
Other names	<input type="text"/>
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
If 'Other', please state	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Current UK Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
Home Tel. No.	<input type="text"/>
Mobile Tel. No.	<input type="text"/>
Email Address	<input type="text"/>

Completing the form

The form has 6 sections. You will need to complete Sections 1, 2, 3, 4 and 6. For each provider you use, you should complete a separate section 4, 5 and 6.

Your provider is required to complete section 5, to verify charges entered at section 6.

You **MUST NOT** include in your claim for childcare costs, any costs covered by the Early Years Education Scheme administered by your Local Authority.

You are only applying for the final 26 weeks of the academic year (i.e. the period 1 March 2010 to 31 August 2010)

Your childcare provider(s) must confirm actual charges for the first 26 weeks of the year (i.e. 1 September 2009 to 28 February 2010), and we have written to them to request this information separately.

Please note that if they have not responded to our request, then any charges you originally anticipated for that provider will not be considered when reviewing your entitlement

2. Working Tax Credit - MUST 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, 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

A separate Section 4, 5 and 6 MUST be downloaded and completed for each provider you use.

4. Details of Children Cared for – To Be Completed by the Student

Name of Childcare Provider

Address

Postcode

OFSTED Registration Number or C.A.S. Reference Number

Date of Registration

Telephone Number

Details of Children being cared for by this provider in the Above Period

Name of Child	Date of Birth

Please now complete section 6 overleaf detailing the anticipated costs for this period, and then ask your provider to observe and sign the declaration below to verify these costs.

As stated at the top of this page, please ensure that a separate section 4, 5 and 6 is completed for each provider you use.

5. Anticipated Charges from 1 March 2010 to 31 August 2010 – to be completed by the Provider

Please ensure that before completing this declaration, you have checked that the charges declared on the estimated costs table overleaf are as accurate as possible

Declaration: *I am registered with Ofsted, (or equivalent if based outside England) as 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 overleaf 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; 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 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.

Signed

Date

Print Name

Position
Held

