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# Social Work Bursary: Childcare Allowance application for postgraduate students

# Application completion notes

#### Introduction

Childcare Allowance is paid to students to help cover the costs of childcare whilst they are studying. You are eligible to apply for Childcare Allowance if you meet BOTH of the following:

- you are in receipt of a postgraduate Social Work Bursary
- you have dependent children who are attending an Ofsted registered childcare provider or its equivalent (where required)

#### Completing the application

This form has 6 sections and they must all be completed.

If you have more than one childcare provider you need to submit a separate part 3, 4 and 5 for each childcare provider you intend to use and the student declaration must be signed on each form.

The childcare provider/s must complete part 4 and sign the childcare provider declaration at part 5.

To avoid any delay in assessing 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 Free Early Education Scheme administered by your Local Authority.

If you are informing us of a change to a previously submitted *Childcare Allowance application form*, please enclose a covering letter to explain the change.

Please check through the form to ensure all sections are completed and then read the declaration carefully before signing it.

Once completed, please send the form to:

Social Work Bursaries PO Box 141 Hesketh House 200-220 Broadway Fleetwood FY7 9AS

Should you have any gueries in relation to this form please contact us on 0300 330 1342.

We can only accept the original *Childcare Allowance application form(s)*. We are unable to accept photocopies or Childcare Allowance applications submitted by email or fax.

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# Social Work Bursary: Childcare Allowance application for postgraduate students

## 1. Your details

Bursary reference number					
(Your bursary reference number	er begins with a '2' or '3'. Please leave blank if unknown.)				
The names you use here need to match the names you give to your university/college when you register.					
Title	Mr Mrs Ms Other				
Surname or family name					
First name					
Other names					
Previous names					
Date of birth					
Address					
Mobile phone number					
Alternative phone number					
Email					
Does your partner receive C	hildcare Allowance from Social Work Bursaries, or any other funding body?				
No Go to part 2					
Yes We may need to	contact you about this				

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

,	u, your spouse, civil partner or partner receive or expect to receive Working Tax Credit during the mic year for which you are claiming Childcare Allowance?
	Yes
	No
	, do you, your spouse, civil partner or partner receive or expect to receive the childcare element of ng Tax Credit?
	Yes
	No

If you answer 'Yes' to the second question please do not continue with this application as you will not be entitled to Childcare Allowance from Social Work Bursaries.

If you have answered 'Yes' to the first question please provide your most recent letter from HM Revenue and Customs informing you how much Working Tax Credit you will receive.

Your application will not be assessed until the letter has been provided.

#### 3. Estimated childcare costs in academic year 2016/17

To be completed by the student.

Please don't include any Early Years funding in the costs you enter in the table below.

Please complete the table below to show the childcare costs you expect to incur in each individual week throughout the academic year for which you are making an application. You must specify how many children you require care for.

It is important that you include any weeks where no childcare costs will be incurred by entering 0.00 under 'Total charges made'.

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

If this application includes childcare costs you have already paid out, please ensure you attach the receipts to prove this.

Name of provider	
Name of children	

Week		Total charges made		Official was and
commencing No. of children	£	р	Official use only	
29/08/2016				
05/09/2016				
12/09/2016				
19/09/2016				
26/09/2016				
03/10/2016				
10/10/2016				
17/10/2016				
24/10/2016				
31/10/2016				
07/11/2016				
14/11/2016				
21/11/2016				
28/11/2016				
05/12/2016				
12/12/2016				
19/12/2016				

Continue over page

	No of dell-line	Total charg	jes made	Official was only
commencing	No. of children	£	р	Official use only
26/12/2016				
02/01/2017				
09/01/2017				
16/01/2017				
23/01/2017				
30/01/2017				
06/02/2017				
13/02/2017				
20/02/2017				
27/02/2017				
06/03/2017				
13/03/2017				
20/03/2017				
27/03/2017				
03/04/2017				
10/04/2017				
17/04/2017				
24/04/2017				
			<b>,</b>	
01/05/2017				
08/05/2017				
15/05/2017				
22/05/2017				
29/05/2017				
05/06/2017				
12/06/2017				
19/06/2017				
26/06/2017				
03/07/2017				
10/07/2017				
17/07/2017				
24/07/2017				
31/07/2017				
07/08/2017				
14/08/2017				
21/08/2017				

Week No. of children		Official was and		
commencing	No. of children	£	р	Official use only
Or	nly complete the se	ction below if y	our course start	s in January
28/08/2017				
04/09/2017				
11/09/2017				
18/09/2017				
25/09/2017				
02/10/2017				
09/10/2017				
16/10/2017				
23/10/2017				
30/10/2017				
06/11/2017				
13/11/2017				
20/11/2017				
27/11/2017				
04/12/2017				
11/12/2017				
18/12/2017				
25/12/2017				

## 4. Verification of childcare costs

All childcare providers must complete all of this section and sign the declaration on the next page.

Are the children you are providi	ng childcare for related to you (the	childcare provider) in any way?
Yes If YES please state	your relationship to the child(ren).	
No		
Your name		
Organisation name		
Your address or address of organisation		
Mobile phone number		
Phone number		
Email		
Ofsted registration number or e	quivalent	
Date of registration		
Registration lasts from	to	
I am registered with		
Name(s) of children		Date of birth(s)

Please sign the childcare provider declaration on the next page.

### 5. Childcare provider declaration

All childcare providers must complete this declaration.

Before you sign this declaration, please ensure that you have checked that the charges declared in the estimated costs table in part 3 are as accurate as possible.

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

I declare that I am registered with Ofsted (or its equivalent if based outside England) as a childminder or childcare 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 I do not normally foster.

I confirm that I have agreed to provide childcare for the child(ren) named at part 3 of this form at the cost(s) that are quoted. I agree to provide the NHS Business Services Authority (NHSBSA) 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 confirm and accept that if I provide false or misleading information, I may be liable to prosecution and/ or civil proceedings.

I consent to the NHSBSA contacting the person named at part 1 of this form for the purposes of verification of information provided on this form.

I understand that the administration of the Social Work Bursary and responsibility for counter fraud and security management are both the responsibilities of the NHSBSA. I understand that the NHSBSA may share the information on this form with NHS Protect for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity.

Full name	
Signature	
<i>y</i>	
Date	

#### 6. Student declaration

I declare that I have read and understood the application instructions in full.

I declare that the childcare costs I have claimed for are not covered by the Free Early 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 Social Work Bursaries immediately of any change in circumstances that might affect my entitlement to financial support or Social Work 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 Social Work 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
- Social Work 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, where this is a requirement, or accredited by an approved organisation
- Social Work Bursaries in its absolute discretion determines that I am no longer entitled to financial support.

I will pay back to Social Work 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 Social Work Bursaries of a change in my circumstances
- a Social Work Bursaries administrative error
- where Social Work Bursaries at its absolute discretion determines I have been given financial support to which I am not entitled
- 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 Social Work 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 out standing on referral.

I declare that the information given on this form and in any receipts and 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 Social Work Bursaries contacting the childcare provider(s) detailed in section 4 of this form for the purposes of verification of information provided on this form.

I understand that the administration of Social Work Bursaries and responsibility for counter fraud and security management for Social Work Bursaries are both responsibilities of the NHS Business Services Authority.

I understand that Social Work Bursaries may share the information on this form with NHS Protect for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting Social Work Bursaries.

Full name	
Signature	
Date	