

# 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 Ofsted registration or equivalent 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 applications submitted by email or fax.



# Social Work Bursary: Childcare Allowance application for postgraduate students

# 1. Your details

Bursary reference number (Your bursary reference number	er begins with a '3'. Please leave blank if unknown.)
	ed to match the names you give to your university when you register.
Title	Mr Mrs Ms Other
Surname or family name	
First name	
Other names	
Previous names	
Date of birth	
Address	
Preferrred contact telephone number	
Email	
Does your partner receive C from any other funding boo	hildcare Allowance from Social Work Bursaries, or a Childcare grant or similar dy?
No Go to part 2	
Yes We may need to	contact you about this
Does this form replace any	previous applications or is it additional to a current claim?
No, new application	
Yes Replacin	g previous claim or Additional claim

Are you applying for more than one childcare provider?
Yes (Please complete a form for each provider)
No
Are you applying for more than one child?
Yes
No
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 or Universal Credit during the academic year for which you are claiming Childcare Allowance?
Yes
No
If you have answered 'Yes' to this question, please provide your most recent Tax Credits or Universal Credit letter or online statement.
If 'Yes', do you, your spouse, civil partner or partner receive or expect to receive the childcare element of Working Tax or Universal Credit?
Yes
No
If you answer 'Yes' to this question please do not continue with this application as you will not

be entitled to Childcare Allowance from Social Work Bursaries.

# 3. Estimated childcare costs in academic year 2018/19

To be completed by the student.

### 3a. Please ensure a separate form is completed by each childcare provider.

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'.

Name of provider	
Name of children	

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

Week commencing	No. of children	Total char	ges made	000000
		£	р	Official use only
27/08/2018				
03/09/2018				
10/09/2018				
17/09/2018				
24/09/2018				
01/10/2018				
08/10/2018				
15/10/2018				
22/10/2018				
29/10/2018				
05/11/2018				
12/11/2018				
19/11/2018				
26/11/2018				
03/12/2018				
10/12/2018				
17/12/2018				

Week	No of shildren	Total char	ges made	Official was only
commencing	No. of children	£	р	Official use only
24/12/2018				
31/12/2018				
07/01/2019				
14/01/2019				
21/01/2019				
28/01/2019				
04/02/2019				
11/02/2019				
18/02/2019				
25/02/2019				
04/03/2019				
11/03/2019				
18/03/2019				
25/03/2019				
01/04/2019				
08/04/2019				
15/04/2019				
22/04/2019				
29/04/2019				
		<u> </u>		
06/05/2019				
13/05/2019				
20/05/2019				
27/05/2019				
03/06/2019				
10/06/2019				
17/06/2019				
24/06/2019				
01/07/2019				
08/07/2019				
15/07/2019				
22/07/2019				
29/07/2019				
05/08/2019				
12/08/2019				
19/08/2019				

Week	No of shildus:	Total charg	es made	Official was and			
commencing	No. of children	£	р	Official use only			
Only co	Only complete this section if your course starts on or after 1 January 2019						
26/08/2019							
02/09/2019							
09/09/2019							
16/09/2019							
23/09/2019							
30/09/2019							
07/10/2019							
14/10/2019							
21/10/2019							
28/10/2019							
04/11/2019							
11/11/2019							
18/11/2019							
25/11/2019							
02/12/2019							
09/12/2019							
16/12/2019							
23/12/2019							
30/12/2019							

## 4. Verification of childcare costs

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

4a. If you have more than one childcare provider you must submit a separate form for each

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

Please sign the childcare provider declaration on the next page.

# 5. Childcare provider declaration

			ridual childcare p lete a new form.	providers. If more t	han one
Name of provid	er [				
Name of childre	en [				
All childca	re providers mu	st complete thi	s declaration.		
			re that you have 3 are as accurate	e checked that the e as possible.	charges
I declare that th accurate.	ne information giv	en on this form	and in any suppor	ting documents is co	omplete and
or childcare pro within the mea form is provided Authority; or it 2002 providing	ovider for the child ning of the Child d directly by a sch is provided by an	d(ren) named at p care Act 2006, on lool for a child on agency registere child(ren)'s own h	part 3 of this form or I can confirm that children age 3 or d under the Domi nome; or I am an a	outside England) as, of day or out of ho the childcare detai over; or it is provide ciliary Care Agencies pproved foster carer	ours school care led on this ed by a Local s Regulations
the cost(s) that documentary ev	are quoted. I agre vidence upon req	ee to provide the uest to confirm t	NHS Business Ser	named at part 3 of the vices Authority (NHS) med at part 1 of this is form.	BSA) with
I confirm and a or civil proceed		vide false or misl	eading informatio	n, I may be liable to	prosecution and/
	e NHSBSA contact oformation provic			this form for the pu	rposes of
and security ma may share the i	anagement are bon formation on th	oth the responsib is form with NHS	ilities of the NHSB	d responsibility for co SA. I understand tha urposes of the preve y.	at the NHSBSA
Full name					
Signature					
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 Student Services 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
- Student Services 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
- Student Services in its absolute discretion determines that I am no longer entitled to financial support.

I will pay back to Student Services, 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 Student Services of a change in my circumstances
- a Student Services 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 outstanding 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 Student Services 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 in the NHS are both responsibilities of the NHS Business Services Authority.

I understand that Student Services may share the information on this form with the NHS Counter Fraud Agency (NHSCFA) 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		

# **Privacy notice**

The NHS Business Services Authority (NHSBSA) is responsible for this service.

#### Why we process your information

We will use the information you provide to:

- process your application for payment,
- detect and prevent fraud and mistakes and
- analyse general trends and correlations to support more effective planning of NHS services.

By law we must process this information on behalf of the NHS.

Your information will not be transferred outside the European Economic Area.

#### **Sharing your personal information**

To prevent, detect and investigate fraud and errors, we may share your information to check the records of:

- Higher Education Institutions
- HM Revenue and Customs
- The Home Office
- Student Loans Company
- Bodies performing functions on behalf of the above organisations

Information may be shared with the Department of Health and Social Care for the purposes of investigating and prosecution of fraud, or any other unlawful activity affecting the NHS.

Information may be shared with the Cabinet Office in relation to the National Fraud Initiative, which matches electronic data within and between public and private sector bodies to prevent and detect fraud.

Anonymised information relating to your equality and diversity may also be shared with the Department of Health and Social Care to monitor the compliance with Equality law.

### **Keeping your personal information**

Your personal data will be deleted from our systems and files no later than seven years after your final payment has been completed.

#### Your rights

The information you provided will be managed as required by Data Protection law including the General Data Protection Regulations (GDPR).

You have the right to:

- receive a copy of the information the NHSBSA hold about you
- request your information be changed if you believe it was not correct at the time you provided it

From the 25 May 2018 you have the right to:

 request that your information be deleted if you believe the NHSBSA are keeping it for longer than necessary

Find out more about your rights and how we process information www.nhsbsa.nhs.uk/our-policies/privacy.