NHS
Business Services Authority

Student reference number:

Date: 17 May 2018

Dear student,

Re: Childcare reconciliation form (Term 2: 25 December 2017 – 06 May 2018)

Please ask your childcare provider to complete the table enclosed detailing the fees for your childcare in the period specified above. If you have used more than one childcare provider in this period **you must use a separate form for each of them**. Do not include any costs covered by free Early Years Education.

Please post your completed Student and Childcare Provider Declarations and *Childcare reconciliation form/s* to:
Social Work Bursaries, PO Box 141, 200-220 Broadway, Fleetwood, FY7 9AS.

Student name		Ref number	
Provider name			
Provider address			
Provider Email			

Student declaration

I declare that the information I have given on this form is a complete and accurate record of the childcare costs I have incurred for this period. I understand and accept that if I provide false or misleading information the Childcare Allowance I receive may be withdrawn.
I consent to Student Services contacting the childcare provider detailed on this form to verify the information provided.

I understand that I must retain all of my childcare receipts as these may be requested by Student Services at any point during my academic year for random sample checking. I understand and accept that if I do not provide these when asked, all of the Childcare Allowance paid to me for that period will be raised as an overpayment and I will have to repay it to Student Services.

I understand that Student Services 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.

Signature		Print name	

Date	/ /	Tel number	

If you have any queries, please do not hesitate to contact us using the details above.

Yours sincerely,

Social Work Bursaries
Student Services

	Name of child/children in childcare:												

Date from	Date to	Amount Charged								No. of Children cared for	Official use only
25/12/2017	31/12/2017	£					.				
01/01/2018	07/01/2018	£					.				
08/01/2018	14/01/2018	£					.				
15/01/2018	21/01/2018	£					.				
22/01/2018	28/01/2018	£					.				
29/01/2018	04/02/2018	£					.				
05/02/2018	11/02/2018	£					.				
12/02/2018	18/02/2018	£					.				
19/02/2018	25/02/2018	£					.				
26/02/2018	04/03/2018	£					.				
05/03/2018	11/03/2018	£					.				
12/03/2018	18/03/2018	£					.				
19/03/2018	25/03/2018	£					.				
26/03/2018	01/04/2018	£					.				
02/04/2018	08/04/2018	£					.				
09/04/2018	15/04/2018	£					.				
16/04/2018	22/04/2018	£					.				
23/04/2018	29/04/2018	£					.				
30/04/2018	06/05/2018	£					.				
Total paid for this period:		£					.				

Name of childcare provider:

Signature: Date: /   /

Childcare provider declaration

I declare that the information I have given on this form is complete and accurate.
I confirm that I have agreed to provide childcare for the child named on this form and the payments charged for this period are correct.

I consent to Student Services contacting me to verify any of the information provided on this form and I agree to provide documentary evidence, if requested by Student Services, to confirm that the person named on this form has incurred the amounts stated overleaf.

I understand that Student Services 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.

Name of childcare provider:

Signature: Date: /   /

Childcare provider's stamp (attach letterhead or compliments slip if no stamp)

Data Protection
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.*