

Student Services

Social Work Bursaries PO Box 41 Hesketh House 200-220 Broadway Fleetwood FY7 8LG

Tel: 0300 1330 1342

Email: nhsbsa.swbteam@nhs.net

Website: www.nhsbsa.nhs.uk/social-work-bursaries

Dear Student

Social Work Bursary confirmation of childcare costs 2018/19 Term 3: 06 May to 25 August 2019

In order to ensure you are receiving the correct amount of Childcare Allowance, we need to know your actual costs for the above period.

You must complete Part 1 of the enclosed form and ask your childcare provider to confirm the weekly costs charged to you by completing parts 2 and 3. **Do not include any costs covered by Free Early Education.**

If you have used more than one childcare provider during this period, separate forms should be completed by each provider.

We will not be able to release your next term's Childcare Allowance payment until we have received confirmation of this term's costs, so you should send your completed forms to the address at the top of this letter as soon as possible.

If you have any queries regarding this request, you can contact us using the details shown above.

Yours sincerely

Social Work Bursaries

Part 1							
Student name:							
Personal reference number:							
Preferred contact number*:							
Email address*:							
*In case of query							
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 I understand and accept that if I provide false or misleading information the Childcare Allowance I receive may be withdrawn.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 NHS Business Services Authority (NHSBSA) 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 NHSBSA Student Services at any point during my academic year for random sample checking. I 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 the NHSBSA.							
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 NHSBSA. I understand that NHSBSA Student Services may share the information on this form with the NHS Counter Fraud Authority (NHSCFA), the NHSBSA Fraud Team and the Department of Health and Social Care Anti-Fraud Team for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS, including Social Work Bursaries.							
Signature	Print name						
Date / / /							

Part 2 - Confirmation of childcare costs

To be completed by the provider

Name(s) of the child or children being cared for										
Date from	Date to	Amount charged						ed	Number of children	Official use only
06/05/2019	12/05/2019	£								
13/05/2019	19/05/2019	£								
20/05/2019	26/05/2019	£								
27/05/2019	02/06/2019	£								
03/06/2019	09/06/2019	£								
10/06/2019	16/06/2019	£								
17/06/2019	23/06/2019	£								
24/06/2019	30/06/2019	£								
01/07/2019	07/07/2019	£								
08/07/2019	14/07/2019	£								
15/07/2019	21/07/2019	£								
22/07/2019	28/07/2019	£								
29/07/2019	04/08/2019	£								
05/08/2019	11/08/2019	£								
12/08/2019	18/08/2019	£								
19/08/2019	25/08/2019	£								
Total paid for this period:		£								

Part 3 - 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 NHS Business Services Authority (NHSBSA) 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 NHSBSA Student Services may share the information on this form with the NHS Counter Fraud Authority (NHSCFA), the NHSBSA Fraud Team and the Department of Health and Social Care Anti-Fraud Team for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS, including Social Work Bursaries.

Name of childcare provider				
Organisation name (if different)				
Signature				
Date				
Childcare provider official stamp - attach letterhead or compliments slip if no stamp				