# **NHS Bursary: Childcare Allowance application**

### **Application completion notes**

#### Introduction

You are eligible to apply for Childcare Allowance if you;

- are in receipt of an NHS Bursary ('including a non income assessed grant and/or maintenance award);
- have dependent children under 15 on the first day of the academic year (or under 17 on that date if they are currently registered with special educational needs); and
- are receiving care from an Ofsted-registered childcare provider (or the equivalent, where applicable).

Further information about the NHS Bursary Childcare Allowance can be found on our website - www.nhsbsa.nhs.uk/CCA.

#### **Completing the application**

Your childcare provider(s) must complete part 5 and sign the childcare declaration at part 6.

If you have more than one childcare provider you need to submit a separate part 5 and 6 for each childcare provider you use.

Do not include any costs covered by free early education and childcare schemes administered by your Local Authority.

### Submitting your application form and supporting evidence

Check through the form to ensure all sections are completed and read the declaration carefully before signing it. You should then upload your completed form to your NHS Bursary account.

We are unable to accept forms submitted by email.



# **NHS Bursary: Childcare Allowance application**

# 1. Your details

Student reference number	BRN						
This is the number you were assigned when you registered on the for an NHS Bursary account.							
Surname or family name							
First name							
Date of birth							
Address							
Contact telephone number							
Email							
Do you have a partner who childcare grant from any oth	is in receipt of a Childcare Allowance from the NHS Bursary, or a ner funding body?						
No go to part 2							
Yes we may need to contact you about this							
Does this form replace any p	previous applications or is it additional to a current claim?						
No, this is a new app	lication						
Yes - replacing previo	ous claim Yes - this is an additional claim						

Are yo	u apply	ying for more than one childcare provider?
	Yes	(Complete a form for each provider)
	No	
Are yo	u apply	ying for more than one child?
	Yes	
	No	
2. Ot	her h	elp with childcare costs
To be	compl	eted by all students.
Worki		spouse, civil partner or partner receive or expect to receive the childcare element of or Universal Credit or Tax Free Childcare during the academic year for which you are making n?
	Yes - c	do not continue with this application - you will not be eligible for Childcare Allowance
		lease upload your most recent Working Tax or Universal Credit letter or statement if you are n receipt of either of these.

# 3. Estimated childcare costs in academic year 2023/24

To be completed by the student.

Make sure a separate form is completed by each childcare provider if you use more than one.

Complete the table below to show the childcare costs you expect to incur in each individual week throughout the academic year. You must specify how many children you require care for. **You should not include any free early years sessions in this table.** 

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 child or children	
!	ith details of the expected weeks and estimated costs of your childcare
for the 2023/24 academic ye	ar. Any rows left blank will be assumed to have no expected charge.

Week	No. of dellations	Total char	ges made
commencing	No. of children	£	р

Continue over page

Week	No. of children	Total charges made					
commencing	No. of children	£	р				
	-						
	-						
	-						
	-						
	-						
	-						

# 4. 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 free early education and childcare scheme.

I declare that neither I, nor my spouse/civil partner/partner receives the tax-free childcare or element of Working Tax credit or Universal Credit from HM Revenue and Customs.

I will inform NHSBSA Student Services immediately of any change in circumstances that might affect my entitlement to financial support or NHSBSA Student Services 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 NHSBSA 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
- NHSBSA 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.
- NHSBSA Student Services at its absolute discretion determines that I am no longer entitled to financial support.

I will pay back to NHSBSA 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 NHSBSA Student Services of a change in my circumstances
- a NHSBSA Student Services administrative error
- where NHSBSA Student Services 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 NHSBSA Student Services, 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 8% 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 NHSBSA 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 the NHS Bursary and responsibility for counter fraud and security management in the NHS are both responsibilities of the NHS Business Services Authority.

I understand that NHSBSA 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 NHS Bursaries.

Full name												
Signature												
Date		/		/			]	]				

You now need to pass this form to your childcare provider for them to complete Sections 5 and 6.

If you use more than one childcare provider please ask each one to complete a new form.

# **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.

#### 5. Verification of childcare costs

next page. Name of provider Name of children Are the children you are providing 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 Contact number **Email** Ofsted registration number or equivalent Date of registration Registration lasts from to I am registered with Name(s) of child/children Date of birth(s)

To the childcare provider: please complete all of this section and sign the declaration on the

# 6. Childcare provider declaration

Name of provid	er			
Name of child c	or children			
•		-	nsure that you have opert 3 are as accurate	
I declare that th accurate.	ne information gi	ven on this form and	in any supporting doc	uments is complete and
childminder of hours sch childcare de premises by OFSTED or a or it is provi "registered" and who is Regulations appropriate	or childcare pro- nool care within the tailed on this for a school or a locan an equivalent bood ded in the child's with the Care Comexpected to come 2014 and the Care;	vider for the child(ren), the meaning of the Clarm is provided provided tall authority or by a that dy; or it is provided by sown home by a domality Commission uply with the Health ar are Quality Commission	nildcare Act 2006, or I d by an out-of-school nird-party provider who a Local Authority; niciliary care worker or nder the Health and So and Social Care Act 200 on (Registration) Regul	nis form, of day or out can confirm that the club run on school is registered with nurse from an agency ocial Care Act 2008 (Regulated Activities)
and I am reg				Early Years Register or the
the cost(s) that documentary e	are quoted. I agi vidence upon rec	ree to provide the NH: quest to confirm that	ne child(ren) named at S Business Services Aut the person named at p ned at part 3 of this for	thority (NHSBSA) with part 1 of this form has met
I confirm and a and/or civil prod		ovide false or misleadi	ng information, I may	be liable to prosecution
		ting the person name ded on this form.	ed at part 1 of this form	n for the purposes of
security manag share the inforr	ement are both t mation on this fo	the responsibilities of	for the purposes of the	or counter fraud and and that the NHSBSA may e prevention, detection,
Full name				
Signature				

Date