

SECTION 1 - LEARNER DETAILS						
Title (Mr, Miss, Ms, Mrs) Surname First Name(s) Home Address						
Post Code Date of Birth		Telephone N Age at 31/08	ŀ			
SECTION 2 – COURSE	DETAILS					
Course Title					Level	
If studying at level 3 is it your first level 3 Yes			Yes		No	
Have you applied for an Advanced Learner Loan			Yes		No	
Advanced Learner Loan Cus	stomer Reference N	umber	[
SECTION 3 – HOUSEHOLD INCOME/BENEFIT Complete section 3a if you are in receipt of one or more of the benefits listed. Complete section 3b if you are not in receipt of a benefit listed in 3a but have a household income below £26,000 per annum.						
Section 3a						
NB: Please attach current original document, a scann				or Entitleme	nt, this ca	n be a an
I support myself financially I am married I live with a partner	Yes Yes Yes	No No No				
Please tick which benefit(s) Income Support Universal Credit (earnings) Council Tax Benefit Housing Benefit Income-based Job Seekers A Working Tax Credit Pension Credit (Guaranteed Income-related Employment Allowance	below £7,400) Allowance Element)					
Section 3b						
Complete this section if you be shown for all earners in week 52 payslip for all earners	the household. Ple	ease attach evider	nce of 20	20-2021 inco	me, e.g. P	60, month 12 o
Applicants annual income (if Partners' annual income (if a Other income (please specify	applicable)			£		
Total				£		

SECTION 4 – COLLEGE TIMETABLE					
Please complete the start and end times of morning and afternoon classes.					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM Start					
End PM Start					
End					
GEGETON	5 CHILDO	A DEL A GOLGEAN	O.E.		
		ARE ASSISTAN			
•	•		timetabled sessions? n from your College	Yes claim)	No
	•	-	·		J 4: 6 L:-L
			st be for timetabled		and times for which you
	Monday	Tuesday	Wednesday	Thursday	Friday
AM Start					
End PM Start					
End					
Names of Cl	hildren who red	quire a place		Date of Bi	rth
1					
2					
Please provide a copy of your child's birth certificate.					
<u>Childcare P</u>	rovider Details				
Name					
Address					
Email			Γ	Tel No.	
SECTION	N 6 - DECLAF	RATION			
_			d childcare voucher	rs on a weekly basi	is and/or my attendance
I understand	d that, if I fail t 90%, the Colleg	o submit complete ge may withdraw f	unding. I will notify	Derwentside Coll	ege if I cease to attend th
I understand falls below 9 course, or if	d that, if I fail t 90%, the Colleg	o submit complete ge may withdraw f	unding. I will notify d I understand that	Derwentside Coll	•
I understand falls below 9 course, or if for any outs	d that, if I fail t 00%, the Colleg any of my part tanding or futu	to submit complete ge may withdraw fo ticulars change and are childcare costs.	unding. I will notify d I understand that	Derwentside Coll if I fail to notify th	ege if I cease to attend th
I understand falls below 9 course, or if for any outs	d that, if I fail to 20%, the Collegonary of my particular and signed the	to submit complete ge may withdraw fo ticulars change and are childcare costs.	unding. I will notify d I understand that	Derwentside Coll if I fail to notify th	ege if I cease to attend the College, I may be liab

Please return your completed form with proof of income or benefit, a copy of your child's birth certificate and a copy of your childcare providers OFSTED Registration Form (where applicable) to:

Email: financial.support@derwentside.ac.uk

Post: Finance Department, Derwentside College, Front Street, Consett, County Durham DH8 5EE.

Queries via email above or <u>caroline.swainson@derwentside.ac.uk</u>

FOR OFFICE USE ONLY		
Application complete & evidence provided	Date	
Childcare place booked	Date	
Student informed of decision	Date	
Signature of Learner Support Staff		
Signature of Finance Manager		
Notes		

Terms and Conditions: Student/Provider

- Any contract is between you and your chosen childcare provider. The College is responsible for payment or part payment of fees only.
- You must maintain attendance levels of 90% or above to ensure funding.
- You must submit a **fully completed** childcare voucher on a **weekly** basis to ensure funding (see sample) including holiday periods where a retainer is required by the childcare provider.
- You must notify both the College and your childcare provider of any absences.
- You must notify the College and your childcare provider of any changes to your timetable. If this results in an increase in childcare costs, the college will assess its capacity to meet the new cost.
- You must notify the College immediately of a change in your personal circumstances which may affect your childcare provision or if you withdraw or intend to withdraw from College.
- You must provide the College and your Childcare provider with the required childcare notice period, if you fail to do this; you may be liable for the fees charged by your provider.
- You have the right to appeal if your application is unsuccessful or funding is withdrawn.
- Childcare providers must provide the College with a copy of their OFSTED registration form where applicable.
- The College does not pay childcare fees for bank holidays.
- The College will pay **holiday retainers** equating to **50%** of the fee charged during term time but not during the summer holiday period as learners must re-apply for support every academic year.
- Childcare providers must notify the College of any changes to their fees. Where fees are increased, the College will assess its capacity to meet the increased cost.
- Childcare providers should inform the College if children are not attending.

TO BE COMPLETED BY THE STUDENT (Ple	ease tick as appropriate)
☐ I have read and understood the terms and conditions ☐ I have completed a Childcare Application. ☐ I have supplied evidence of benefit or income and a c☐ I have signed the Childcare declaration. ☐ I agree to comply with the terms and conditions of the	copy of my child's birth certificate. e Childcare Agreement.
Signed (Student)	
Please Print Name	Date
TO BE COMPLETED BY THE CHILDCARE	PROVIDER (Please tick as appropriate)
☐ I have read and understood the terms and conditions ☐ I have supplied a copy of our/my OFSTED registration ☐ I agree to comply with the terms and conditions of the Signed (Childcare Provider)	on form (where applicable).
Please Print Name	
Ofsted Registration No/School URN	
Account Name.	Hourly/Daily Rate
Account Number.	Notice Period.
Sort Code.	Holiday Retainer Rate
	Illness Retainer Rate.