

SECTION 1 - LEARNER DETAILS

SECTION I - LEARNEI	DETAILS			
Title (Mr, Miss, Ms, Mrs) Surname First Name(s) Home Address				
Email Address				
Post Code		Telephone No.		
Date of Birth		Age at 31/08/22		
SECTION 2 – COURSE	DETAILS		 	
Course Title			Loval	
Course Thie			Level	
If studying at level 3 is it you	ır first level 3	Yes	No	
Have you applied for an Adv	anced Learner Loan	Yes	No	
Advanced Learner Loan Cus	tomer Reference Num	ber		
SECTION 3 – HOUSEH Complete section 3a if you a are not in receipt of a benefit	re in receipt of one or	more of the benefits	•	•
Section 3a				
<u>NB: Please attach current ophotograph or screenshot.</u>				nned copy,
I support myself financially	Yes	No		
I am married	Yes	No		
I live with a partner	Yes	No		
Please tick which benefit(s) Income Support	you receive			
Universal Credit (earnings b	elow £7,400)	_		
Council Tax Benefit		_		
Housing Benefit				
Income-based Job Seekers A	llowance	_		
Working Tax Credit				
Pension Credit (Guaranteed 1	Element)	-		
Income-related Employment				

Allowance

Section 3b

Complete this section if you are not in receipt of a benefit listed in Section 3a. Total Annual Income should be shown for all earners in the household. <u>Please attach evidence of 2021-2022 income, e.g. P60, month 12 or week 52 payslip for all earners, e.g. an original document, a scanned copy, photograph or screenshot.</u>

Applicants' annual income (if applicable) Partners' annual income (if applicable) Other income (please specify)

£			
£			
£			
£			

٦

Total

SECTION 4 – COLLEGE TIMETABLE

Start date of course

Please complete the start and end times of morning and afternoon classes.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Start					
End					
PM Start					
End					

SECTION 5 – CHILDCARE ASSISTANCE

Do you require College funded childcare for all timetabled sessions? (Please deduct any free government provision from your College claim)

If you have answered 'No' to the above, please indicate in the table below the days and times for which you do require College funded childcare (this must be for timetabled hours only).

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Start					
End					
PM Start					
End					

Names of Children who require a place

1		
L		
2		
4		

Please provide a copy of your child's birth certificate.

Childcare Provider Details

Name of Provider		
Name of Contact		
Address		
Email	Tel. No.	

SECTION 6 - DECLARATION

I understand that, if I fail to submit completed childcare vouchers on a weekly basis and/or my attendance falls below 90%, the College may withdraw funding. I will notify Derwentside College if I cease to attend the course, or if any of my particulars change and I understand that if I fail to notify the College, I may be liable for any outstanding or future childcare costs.

I have read and signed the Childcare Agreement attached and will adhere to the terms and conditions listed.

Signature of Student

<u>Date</u>	
-------------	--

Yes

Date of Birth

No

<u>Please return your completed form with proof of income or benefit, a copy of your child's birth certificate</u> 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

Date
Date
Date

Notes

College Childcare Agreement 2022-2023

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 each academic year.
- Childcare providers must notify the College of any increase in fees. The College will then 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 (Please tick as appropriate)

I have read and understood the terms and conditions of the Childcare Agreement.

□I have completed a Childcare Application.

I have supplied evidence of benefit or income and a copy of my child's birth certificate.

□I have signed the Childcare declaration.

I agree to comply with the terms and conditions of the 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 of the Childcare Agreement.
□ I have supplied a copy of our/my OFSTED registration form (where applicable).
□ I agree to comply with the terms and conditions of the Childcare Agreement.
Signed (Childcare Provider)

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.