

## **Childcare: Student Application 2024-2025**

| SECTION 1 - LEARNE  | R DETAILS                       |                               |               |                 |            |
|---|---------------------------------|-------------------------------|---------------|-----------------|------------|
| Title (Mrs, Miss, Ms, Mr)<br>Surname<br>First Name(s)<br>Home Address   |                                 |                               |               |                 |            |
| Email Address Post Code Date of Birth   |                                 | Telephone No. Age at 31/08/24 |               |                 |            |
| SECTION 2 – COURSE  | DETAILS                         |                               |               |                 |            |
| Course Title  |                                 |                               |               | Level           |            |
| If studying at level 3 is it you  | ur first level 3                | Yes                           |               | No              |            |
| Have you applied for an Adv   | vanced Learner Loan             | Yes                           |               | No              |            |
| Advanced Learner Loan Cus   | stomer Reference Nu             | mber                          |               |                 |            |
| SECTION 3 – HOUSEH<br>Complete section 3a if you a<br>are <b>not</b> in receipt of a benefit  | are in receipt of one           | or more of the benefits l     |               | •               | you        |
| Section 3a  |                                 |                               |               |                 |            |
| NB: Please provide curren photograph or screenshot.   |                                 |                               |               |                 |            |
| I support myself financially<br>I am married<br>I live with a partner   | Yes<br>Yes<br>Yes               | No No No                      |               |                 |            |
| Please tick which benefit(s) Income Support Universal Credit (earnings It Council Tax Benefit Housing Benefit Income-based Job Seekers A Working Tax Credit (WTC) Income-related ESA Child Tax Credit (Not eligible income below £16,190) | helow £7,400)  Allowance Run-On |                               |               |                 |            |
| Section 3b  |                                 |                               |               |                 |            |
| Complete this section if you be shown for all earners in week 52 payslip for all earners.   | the household. Plea             | ase attach evidence of 2      | 023-2024 inco | me, e.g. P60, m | onth 12 or |
| Applicants' annual income (Partners' annual income (if a Other income (please specify   | applicable)                     |                               | £             |                 |            |
| 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<br>PM Start   |                |                       |            |          |        |     |
| End   |                |                       |            |          |        |     |
| 2110  |                |                       |            |          |        |     |
| SECTION   | 5 – CHILDO     | CARE ASSISTAN         | CE         |          |        |     |
| Do you require College funded childcare for all timetabled sessions? Yes No (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  Date of Birth  |                |                       |            |          |        |     |
| 1   |                |                       |            |          |        |     |
| 2   |                |                       |            |          |        |     |
| Please provi  | de a copy of y | your child's birth ce | rtificate. |          |        |     |
| Childcare Provider Details  |                |                       |            |          |        |     |
| Name of Pro   | ovider         |                       |            |          |        |     |
| 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. |                |                       |            |          |        | the |
| I have read and signed the Childcare Agreement attached and will adhere to the terms and conditions listed  |                |                       |            |          | ted.   |     |
|   |                |                       |            |          |        |     |

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                                    |      |
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## 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 (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 (PI  | 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☐ I have signed the Childcare declaration.☐ I agree to comply with the terms and conditions of the I have signed the Childcare declaration.☐ I agree to comply with the terms and conditions of the I have signed the I have s | copy of my child's birth certificate. |
| 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)   | ion 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.                |
|   |                                       |