

Childcare Application for Leaners aged 20+

SECTION 1 - LEARNER DETAILS					
Title (Mrs, Miss, Ms, Mr) Surname First Name(s) Home Address					
Email Address Post Code Date of Birth		Telephone No. Age at 31/08/25			
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 Advanced Learner Loan Yes				No	
Advanced Learner Loan Customer Reference Number					
SECTION 3 – HOUSEH Complete section 3a if you a are not in receipt of a benefit	are in receipt of one or i	more of the benefits l		•	/ou
Section 3a					
NB: Please provide current photograph or screenshot.					
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 to Council Tax Benefit Housing Benefit Income-based Job Seekers A Income-related ESA	below £7,400)				
Section 3b					
Complete this section if you be shown for all earners in week 52 payslip for all earn	the household. Please	attach evidence of 2	024-2025 inco	ome, e.g. P60, m	onth 12 o
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 PM Start						
End						
				L		
SECTION	5 – CHILDCA	RE 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						
2						
Please provi	de a copy of you	ur child's birth ce	rtificate, your appl	ication can not b	e processed without it	
Childcare Provider Details						
Childcare P	rovider Details					
Name of Pro						
•	ovider					
Name of Pro	ovider					
Name of Pro Name of Con Address	ovider			Tel. No.		
Name of Pro	ovider			Tel. No.		
Name of Pro Name of Con Address Email	ovider	ATION		Tel. No.		
Name of Pro Name of Cor Address Email SECTION I understand falls below 9 course, or if	d 6 - DECLAR that, if I fail to	submit complete e may withdraw f	unding. I will notify d I understand that	rs on a weekly basi Derwentside Colle	s and/or my attendance ege if I cease to attend the ee College, I may be liab	
Name of Pro Name of Cor Address Email SECTION I understand falls below 9 course, or if for any outsi	d that, if I fail to 0%, the College any of my partitanding or future.	o submit complete e may withdraw fo iculars change and re childcare costs.	unding. I will notify d I understand that	rs on a weekly basi Derwentside Colle if I fail to notify th	ege if I cease to attend th	
Name of Pro Name of Cor Address Email SECTION I understand falls below 9 course, or if for any outsi	d that, if I fail to 0%, the College any of my partitanding or future and signed the 0	o submit complete e may withdraw fo iculars change and re childcare costs.	unding. I will notify d I understand that	rs on a weekly basi Derwentside Colle if I fail to notify th	ege if I cease to attend the College, I may be liab	

<u>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:</u>

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
	Dute
Processed by	
Approved by	
Notos	
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 (see sample) including holiday periods and illness, 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	e tick as appropriate)				
□ I have completed a 20+ Childcare Application and signed the declaration. □ I have read and understood the terms and conditions of the 20+ Childcare Agreement. □ I have supplied evidence of benefit or income and a copy of my child's birth certificate. □ I agree to comply with the terms and conditions of the 20+ Childcare Agreement.					
Signed (Student)					
Please Print Name	Date				
TO BE COMPLETED BY THE CHILDCARE PE	<u>ROVIDER</u> (Please tick as appropriate)				
☐ I have read and understood the terms and conditions of the 20+ 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 Care to Learn Agreement.					
Signed (Provider)	Date				
Please Print Name					
Name of childcare Provision	Ofsted Reg No				
CHILDCARE PROVIDER PAYMENT DETAILS	S (Please complete in full)				
	<u>Z(114404 40mpress)</u>				
Account Name					
Account Number	Sort Code//				
Daily/Hourly Rate £	Notice Period				
Illness retainer (if required) £	Holiday retainer (if required) £				