

Care to Learn Application 2026-2027
Childcare for learners aged 16-19

SECTION 1 - LEARNER DETAILS

Title (Mrs, Miss, Ms, Mr)			
Surname			
First Name(s)			
Home Address			
Email Address			
Post Code		Telephone No.	
Date of Birth		Age at 31/08/26	

SECTION 2 – COURSE DETAILS - TIMETABLE

Course Title		Level	
Start date of course			

Please complete the start and end times of morning and afternoon classes including work or industry placements.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Start					
End					
PM Start					
End					

SECTION 3 – DETAILS OF CHILD/REN

Are you the main carer for the child/ren requiring Care to Learn Funding Yes ☐ No ☐

If you have ticked 'No' to the above and it is your partner or spouse who is the main carer for the child/ren and they are aged under 20 and in education, they must apply for Care to Learn funding.

Names of Child/ren who require funding

Date of Birth

1		
2		

Please provide a letter confirming your receipt of child benefit or a copy of your child's birth certificate. Your application can not be processed without it.

SECTION 4 – FUNDING REQUIRED

Do you require Care to Learn funding for all timetabled sessions? Yes ☐ No ☐
(You must deduct any free government provision from your Care to Learn claim)

If you have answered 'No' to the above, please indicate in the table below the days and times for which you do require Care to Learn funding (this must be for timetabled hours only, including any work or industry placements).

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Start					
End					
PM Start					
End					

Do you require funding for additional travel costs to take your child/ren to the Childcare provider? Yes ☐ No ☐

Please note: All full-time 16-18 learners are eligible for travel support, either public transport or a mileage allowance if using own transport.

If you have ticked yes to the question above, please state the additional weekly cost £

SECTION 4 – CHILDCARE PROVIDER DETAILS

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

SECTION 5 - DECLARATION

Please read the following declaration carefully and sign below.

- I certify that the information and evidence given in this application is true and accurate. If information is found to be false or misleading Care to Learn funding may be withdrawn.
- I understand that, if my attendance falls below 90%, Care to Learn funding may be withdrawn.
- I will notify Derwentside College if I cease to attend the course, or if any of my particulars change.
- I am aware that the College will treat all applications confidentially and record and securely hold any information of a personal or sensitive nature.
- I understand that permission will be sought before information is passed to others in College and I understand that this will be done on a need-to-know-basis only.
- I have read and signed the Care to Learn Agreement and will adhere to the term and conditions listed.

Signature of Student **Date**

Please return your completed Application Form and Care to Learn Agreement along with a copy of your child's birth certificate or child benefit entitlement 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 caroline.swainson@derwentside.ac.uk

Care to Learn Agreement 2025-2026

Terms and Conditions: Learner and Provider

- Both learner and childcare provider must declare any conflict of interest e.g. family relationship, shared directorship or shareholding.
- Learners must maintain attendance levels of **90%** or above to ensure funding.
- Learners must notify both the College and their childcare provider of any absences.
- Learners must notify the College and childcare provider of changes to their timetable. If this results in an increase in costs, the college will assess its capacity to meet the new cost within the Care to Learn maximum allowance.
- Learners must notify the College immediately of a change in their circumstances which may affect their Care to Learn provision or if they withdraw from College.
- Learners have the right to appeal if their application is unsuccessful or funding is withdrawn.
- Childcare providers must provide a copy of their OFSTED registration certificate if applicable, a copy of the fees charged and any contract the learner has signed.
- Care to Learn will fund childcare up to a maximum of **£180 per child per week** for the academic year.
- If required, Care to Learn will fund deposits of up to £250 and registration fees of up to £80 per child.
- Childcare providers must invoice the College on a weekly/monthly basis to receive payment. Invoices must be dated and include the name of the learner and child as well as the hours of provision.
- Care to Learn payments will be made to providers by BACS transfer only.
- Childcare providers must notify the College of any increase in fees. The College will then assess the capacity to meet the new cost within the Care to Learn maximum allowance.
- Upon request childcare providers must supply evidence of a child's attendance and must inform the College if a child is not attending.

TO BE COMPLETED BY THE LEARNER (Please tick as appropriate)

- ☐ I have completed a Care to Learn Application and signed the Care to Learn Declaration.
- ☐ I have read, understood and will comply with the terms and conditions of the Care to Learn Agreement.
- ☐ I have supplied evidence of my child's birth certificate and or Child Benefit Award.

Signed (Student) _____

Please Print Name _____ Date _____

TO BE COMPLETED BY THE CHILDCARE PROVIDER (Please tick as appropriate)

- ☐ I have read, understood and agree to comply with the terms and conditions of the Care to Learn Agreement.
- ☐ I have supplied a copy of our/my OFSTED registration form and customer contract incl. fees (where applicable).

Signed (Provider) _____ Date _____

Please Print Name _____

Name of childcare Provision _____ Ofsted Reg No. _____

CHILDCARE PROVIDER PAYMENT DETAILS (Please complete in full)

Account Name _____

Account Number _____ Sort Code ____/____/____

Daily/Hourly Rate £ _____ Hours per week _____ Charge Per Week £ _____

Registration Fee (if required) £ _____ Deposit (if required) £ _____

Illness retainer (if required) £ _____ Holiday retainer (if required) £ _____

FOR OFFICE USE ONLY

Application complete & evidence provided

☐

Date

Childcare place booked

☐

Date

Student informed of decision

☐

Date

Processed by

Notes