

A large green circle with a thick black border is centered on the page. A decorative line of pink, orange, and blue colors enters from the top left, passes through the top of the circle, and exits on the right side.

Childcare Costs Confirmation Form 2013/14

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SFE/CCG2/1314/A

You should only complete this form if you have already completed a Childcare Grant Application Form (CCG1) and provided us with estimated childcare costs.



Step 1

It's important you return this form as soon as possible. If we don't get the information we need your Childcare Grant will be stopped and you may be asked to repay any payments you've already had.



Step 2

You complete sections 1 and 2, then pass the form to your childcare provider(s)



Step 3

Your childcare provider(s) must complete section 3 to confirm the amounts they have charged you.



Step 4

Return your completed form to: Student Finance England, PO Box 210, Darlington, DL1 9HJ



Step 5

We'll use the information on this form to make sure you're being paid the right amount of Childcare Grant. If we need to adjust your payments we'll let you know.

 **It is an offence to knowingly provide false information on this form.**

section 1 student's details

a Personal details

Customer Reference Number:

Forename(s):

Surname:

Date of birth:

Your full current home address:
(**not** your university or college address)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>									
Postcode:	<input type="text"/>								

Student declaration

Our Data Protection Statement sets out who will use the information provided on this form and what they will use it for. Before signing this form please read our statement online at www.gov.uk/studentfinance. Alternatively, you can request a copy by writing to the Student Loans Company (SLC) at 100 Bothwell Street, Glasgow, G2 7JD or by calling us on 0845 300 50 90.

If you cannot sign this form it must be signed on your behalf by your Power of Attorney. The Power of Attorney letter must be sent with this form before a signature from that Power of Attorney will be accepted.

- I confirm that to the best of my knowledge and belief, the information I have provided is true and complete. If it is not, I understand I may not receive financial support, any support I have had may be withdrawn and I could be prosecuted.
- I understand that if I do not take up my childcare, or if I change to a childcare provider who is not registered or approved, I will have to pay back any overpayment.
- I understand that if I do not provide the evidence of my childcare costs within the timescales set, I might lose my entitlement. Also if my payments to my childcare provider are different from the estimates I provide, I understand that further payment will increase or decrease accordingly, or if no further Childcare Grant payments are due to be paid to me, I may be liable to repay any difference.
- I confirm that neither I nor my husband, wife, civil partner or cohabiting partner receive support for childcare from the childcare element of Working Tax Credit or Universal Credit. I agree to tell SLC immediately if I or my husband, wife, civil partner or cohabiting partner does receive this support.

Your full name (in BLOCK CAPITALS):

Your signature:

X

Date:

 / / 

Important information

Before asking all of your childcare provider(s) to complete section 3, you must ensure that each childcare provider is approved or registered as detailed in the Childcare Grant and other support for full-time student parents in higher education 2013/14 booklet.

b Childcare cost period

Which period are you confirming payments made to your childcare provider?

September course start:

1 Sep 13 – 20 Oct 13

21 Oct 13 – 19 Jan 14

20 Jan 14 – 31 Aug 14

January course start:

1 Jan 14 - 2 Mar 14

3 Mar 14 – 1 Jun 14

2 Jun 14 – 31 Dec 14

Other course start:

From:

To:

c Child details

Provide details of children who were in the care of a **registered or approved** childcare provider for the period you are confirming your childcare payments.

Child's full name	Date of birth
Child 1	(DD MM YYYY)
Child 2	
Child 3	
Child 4	
Child 5	

section 2 change of circumstances

You only need to complete this section if your childcare costs per week are likely to change from the costs estimated on your Childcare Grant Application Form.

a Childcare costs



Please provide your new childcare costs **per week** below. Any weeks or periods where you will not pay for childcare should be included.

Name of child	Costs per week				
	Child 1	Child 2	Child 3	Child 4	Child 5
Before Term 1	£	£	£	£	£
Term 1	£	£	£	£	£
Holiday 1	£	£	£	£	£
Term 2	£	£	£	£	£
Holiday 2	£	£	£	£	£
Term 3	£	£	£	£	£
If you are in the final year of your course, we can only pay the childcare grant up until the last day of your final term.					
After Term 3	£	£	£	£	£

b Exceptions to childcare costs

If you do not pay for childcare for a whole term or holiday period, or if your childcare costs are different in any week to those you have given, please provide details below.

Do not include any information about free Early Years education.

Name of child	Weeks in which you do not pay childcare or in which you pay different amounts		Weekly childcare costs (£s)
	From (DD MM YYYY)	To (DD MM YYYY)	

section 3 childcare provider details and costs

To be completed by your first childcare provider

Instructions

Please:

- provide your details (a);
- provide your childcare registration/approval details (b);
- advise the amounts paid to you for the period shown in section 1b of this form (c); and
- sign the declaration (d).

Once completed, please return this form to the student.

a Childcare provider 1 details

Name of childcare provider 1:

Address:

Phone number:

Postcode:	

b Childcare provider 1 registration/approval details

Please tick the appropriate box and provide the details requested.

As a childcare provider in **England**, I am registered with Ofsted.

Registration number:

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Date of registration:

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As a childcare provider in **Wales**, I am registered with the Care and Social Services Inspectorate for Wales (CSSIW).

Registration number:

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Date of registration:

		/			/				
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As a childcare provider in **Northern Ireland**, I am registered with a Health and Social Services Trust.

Registration number:

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Date of registration:

		/			/				
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To be completed by your first childcare provider

As a childcare provider in **Scotland**, I am registered with the Scottish Commission for the Regulation of Care.

Registration number:

Date of registration:

I am approved by or registered with another organisation and I have given their details below.

Name and address of the organisation which granted approval or that you are registered with

Name:

Address:

Postcode:

Phone number:

Reference number:

Date of approval or registration:

Date approval or registration ends:

c Child(ren) details

Name of child(ren) you provide care for:



You must now enter the amounts you charged and sign the declaration.

To be completed by your second childcare provider

Instructions

Please:

- provide your details (a);
- provide your childcare registration/approval details (b);
- advise the amounts paid to you for the period shown in section 1b of this form (c); and
- sign the declaration (d).

Once completed, please return this form to the student.

a Childcare provider 2 details

Name of childcare provider 2:

Address:

Phone number:

[]	
[]	
Postcode:	[]
[]	

b Childcare provider 2 registration/approval details

Please tick the appropriate box and provide the details requested.

As a childcare provider in **England**, I am registered with Ofsted.

Registration number:

[]	[]	[]	[]	[]	[]	[]	[]
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Date of registration:

[]	[]	/	[]	[]	/	[]	[]	[]	[]
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As a childcare provider in **Wales**, I am registered with the Care and Social Services Inspectorate for Wales (CSSIW).

Registration number:

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
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Date of registration:

[]	[]	/	[]	[]	/	[]	[]	[]	[]
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As a childcare provider in **Northern Ireland**, I am registered with a Health and Social Services Trust.

Registration number:

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
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Date of registration:

[]	[]	/	[]	[]	/	[]	[]	[]	[]
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To be completed by your second childcare provider

As a childcare provider in **Scotland**, I am registered with the Scottish Commission for the Regulation of Care.

Registration number:

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Date of registration:

		/			/				
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I am approved by or registered with another organisation and I have given their details below.

Name and address of the organisation which granted approval or that you are registered with:

Name:

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Address:

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Postcode:

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Phone number:

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Reference number:

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Date of approval or registration:

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Date approval or registration ends:

		/			/				
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c Child(ren) details

Name of child(ren) you provide care for:

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You must now enter the amounts you charged and sign the declaration.

To be completed by your third childcare provider

Instructions

Please:

- provide your details (a);
- provide your childcare registration/approval details (b);
- advise the amounts paid to you for the period shown in section 1b of this form (c); and
- sign the declaration (d).

Once completed, please return this form to the student.

a Childcare provider 3 details

Name of childcare provider 3:

Address:

Phone number:

Name of childcare provider 3:									
Address:									
Postcode:									
Phone number:									

b Childcare provider 3 registration/approval details

Please tick the appropriate box and provide the details requested.

As a childcare provider in **England**, I am registered with Ofsted.

Registration number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of registration:

As a childcare provider in **Wales**, I am registered with the Care and Social Services Inspectorate for Wales (CSSIW).

Registration number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of registration:

As a childcare provider in **Northern Ireland**, I am registered with a Health and Social Services Trust.

Registration number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of registration:

To be completed by your third childcare provider

As a childcare provider in **Scotland**, I am registered with the Scottish Commission for the Regulation of Care.

Registration number:

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Date of registration:

		/			/				
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I am approved by or registered with another organisation and I have given their details below.

Name and address of the organisation which granted approval or that you are registered with:

Name:

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Address:

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Postcode:

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Phone number:

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Reference number:

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Date of approval or registration:

		/			/				
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Date approval or registration ends:

		/			/				
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c Child(ren) details

Name of child(ren) you provide care for:

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 **You must now enter the amounts you charged and sign the declaration.**

Additional notes

If you are providing extra information below please clearly mark what section and question number the information is about.

Your full name (in BLOCK CAPITALS):

Your signature:

X

Date:

□ □ / □ □ / □ □ □ □

Student's checklist

Before returning this form, please make sure that you have done the following:

- Fully answered section 1.
- Completed section 2 if your weekly childcare costs have changed.
- Signed and dated the Student's declaration on page 3.
- Asked your childcare provider(s) to complete section 3.



Please remember to pay the correct postage.

You must return your completed form to Student Finance England, PO Box 210, Darlington, DL1 9HJ.