



Childcare Grant Application Form 2013/14

Estimated Costs

This form is also available from
www.direct.gov.uk/studentfinance



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SFE/CCG1/1314/A



studentfinanceengland
the student finance experts

Steps to getting a Childcare Grant (CCG) if you have dependent children in registered or approved childcare.

Step 1

You need to complete and return a Childcare Grant Application Form (CCG1).

Step 1

You must use a registered or approved childcare provider as detailed in the 'Childcare Grant and other support for full-time student parents in Higher Education 2013/14' booklet. **If you don't have a childcare provider yet, complete section 3 with estimated costs. Childcare Grant will be capped at £115 or 85% of actual costs, whichever is less. A reassessment will be carried out once you supply childcare provider details.** If you expect to receive the childcare element of Working Tax Credit during the academic year you can't receive Childcare Grant for the same period. You can get information on all aspects of Working Tax Credit from the HM Revenue & Customs (HMRC) helpline on 0845 300 3900.

Step 2

We will assess your application to determine if you qualify for a Childcare Grant.

Step 2

Your application will be income assessed, based on details provided on your application for Student Finance Form. Your **estimated** costs will be used to work out your Childcare Grant payments until you provide details of the actual payments. You must **not** claim a Childcare Grant for a period that is supported by a free childcare place.

Step 3

You will receive a letter advising of any Childcare Grant awarded.

Step 3

Once we have assessed your estimates and your eligibility we will send you a letter confirming how much Childcare Grant you will receive. This letter also details any other student finance you may be entitled to.

Step 4

We will pay the 1st instalment of your grant direct to you.

Step 4

Childcare Grant payments are usually paid in three instalments at the start of each term. Your 1st instalment will be paid into your bank or building society account on the same day as any other student finance payments.

Step 5

You need to complete and return the first of the Childcare Costs Confirmation Forms (CCG2).

Step 5

At the end of your 1st period we will send you a Childcare Costs Confirmation Form (CCG2) to be completed. This will let you and your childcare provider confirm your **actual** costs for the 1st period against your original estimates. You must complete and return this form to stop any further payments being delayed.

Step 6

We will reassess, if necessary, your Childcare Grant entitlement.

Step 6

Based on your **actual** costs we will reassess your entitlement and, if you have been overpaid or underpaid, will adjust your entitlement accordingly.

Step 7

Steps 5 and 6 are repeated in the 2nd and 3rd periods.

Step 7

At the end of both period 2 and 3 we will ask you to complete a Childcare Costs Confirmation Form (CCG2) again as you did in period 1. This will help us ensure you have been paid the correct amount of Childcare Grant.



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

b Childcare details

Don't forget that you can't claim Childcare Grant for any free childcare provided to you. Please provide details of children who will be receiving registered or approved childcare during your academic year. You should only include childcare provided from the first day of your 2013/14 academic year.

Child's full name	Date of birth	Date childcare starts in academic year 2013/14
Child 1	(DD MM YYYY)	(DD MM YYYY)
Child 2		
Child 3		
Child 4		
Child 5		

c Free Childcare

You may get a free childcare place for a child, for example from the Early Years Service within your local authority. Your application for Childcare Grant must not include costs for these early learning places.

Will any child mentioned in section 2b receive a free early learning place during the academic year 2013/14?

Yes No

If 'Yes', please give the name and address of the provider(s) below.

Name of provider	Address

d Childcare estimates

! Please enter each child's name and your childcare costs **per week** incurred during your university or college terms and holidays.

The earliest we can pay for your childcare costs is the start of your academic year. If you want to claim for the period between the first day of your academic year and the start of term 1 then please complete costs **per week** 'Before Term 1'.

Name of child	Costs per week				
	Child 1	Child 2	Child 3	Child 4	Child 5
Before Term 1	£PER WEEK	£PER WEEK	£PER WEEK	£PER WEEK	£PER WEEK
Term 1	£PER WEEK	£PER WEEK	£PER WEEK	£PER WEEK	£PER WEEK
Holiday 1	£PER WEEK	£PER WEEK	£PER WEEK	£PER WEEK	£PER WEEK
Term 2	£PER WEEK	£PER WEEK	£PER WEEK	£PER WEEK	£PER WEEK
Holiday 2	£PER WEEK	£PER WEEK	£PER WEEK	£PER WEEK	£PER WEEK
Term 3	£PER WEEK	£PER WEEK	£PER WEEK	£PER WEEK	£PER WEEK
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	£PER WEEK	£PER WEEK	£PER WEEK	£PER WEEK	£PER WEEK

You must keep a note of the estimates provided as this information will be helpful if your childcare costs change in the future.

e Exceptions to childcare estimates

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 in 2c, please provide details below.

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)	

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.direct.gov.uk/studentfinance-dataprotection. 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.

- 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 received may be withdrawn and I could be prosecuted.

Your full name (in BLOCK CAPITALS)

Your signature

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.



To be completed by your **first** childcare provider

Childcare provider details

Name of childcare provider

Address

Name of childcare provider	
Address	
Postcode	
Phone number	

Phone number

Childcare provider 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"/>
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Date of registration

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

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

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

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"/>
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Date of registration

<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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To be completed by your **first** childcare provider

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

Name									
Address									
Postcode									
Phone number									
Reference number	Reference number	Reference number	Reference number	Reference number	Reference number	Reference number	Reference number	Reference number	Reference number
Date of approval or registration		/	Date of approval or registration		/				
Date approval or registration ends		/	Date approval or registration ends		/				

Childcare provider declaration

I agree to provide childcare as shown in section 2 of this form and that this childcare has been approved by or registered with the organisation that I have indicated.

Your full name (in BLOCK CAPITALS)									
Your signature					Date				
X					/ /				

To be completed by your **second** childcare provider

Childcare provider details

Name of childcare provider

Address

Phone number

Postcode	

Childcare provider 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

Date of registration

<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"/>

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

Registration number

Date of registration

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

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

Registration number

Date of registration

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

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

Registration number

Date of registration

<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"/>

To be completed by your **second** childcare provider

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

Name									
Address									
Postcode									
Phone number									
Date of approval or registration		/	Date approval or registration ends		/				
		/			/				

Phone number

Reference number

Date of approval or registration

Date approval or registration ends

Childcare provider declaration

I agree to provide childcare as shown in section 2 of this form and that this childcare has been approved by or registered with the organisation that I have indicated.

Your full name (in BLOCK CAPITALS)

Your signature

Date

 / /

To be completed by your **third** childcare provider

Childcare provider details

Name of childcare provider

Address

Name of childcare provider	
Address	
Postcode	
Phone number	

Phone number

Childcare provider 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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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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To be completed by your **third** childcare provider

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

Name									
Address									
Postcode									
Phone number									
Date of approval or registration		/	Date approval or registration ends		/				
		/			/				

Phone number

Reference number

Date of approval or registration

Date approval or registration ends

Childcare provider declaration

I agree to provide childcare as shown in section 2 of this form and that this childcare has been approved by or registered with the organisation that I have indicated.

Your full name (in BLOCK CAPITALS)

Your signature

Date

 / /



Additional notes

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

Student's checklist

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

- completed your main application for student finance.
- sent us all the evidence we need, This could be your child's/children's original birth certificate(s), and evidence that you have care of the child/children, for example, evidence that you are receiving Child Benefit or Child Tax Credit.
- fully answered all the relevant questions on this form.
- signed and dated the Student declaration on page 6.
- asked your childcare provider(s) to complete section 3 (if applicable).



Please remember to pay the correct postage.

Once you have completed this form, and signed and dated the declaration, please return it to:

**Student Finance England
PO Box 210
Darlington
DL1 9HJ**