# The Sheffield College

# **Childcare Support Fund**

For Students aged 20+ Application Form 2020/21



STUDENT DETAILS
Student No. (on your ID card)
First Name(s)
Surname
Date of birth
*Please note, if you are under 20 on 31st Aug 2020, you should apply for help from Care To Learn: www.gov.uk/care-to-learn
Home Address
Postcode
Phone No.
Email
RESIDENCY STATUS  Please tick one of the following:
British Citizen EU/EEA Citizen Leave To Remain Refugee Asylum Seeker
COURSE DETAILS
Course Title
Campus  City Hillsborough Peaks Olive Grove Fir Vale Eyre Street
ADVANCED LEARNER LOAN
Please note, this section is only relevant if you are studying on a Level 3-6 qualification (including Access to HE)
Have you successfully applied for an Advanced Learner Loan?  Yes  No
If yes, please send a copy of a letter from Student Finance England confirming your loan has been approved

# HOUSEHOLD SITUATION

Less than 16 hours

Do you live with a partner?	
Yes Please complete details below	
No	
About your partner :	
First Name Surnam	ne
HOUSEHOLD INCOME	
Do you (or your partner if you have one) receive any of	the following benefits?
Benefit	Evidence Required
Income Support	
Jobseekers Allowance (income-based)	Provide a photocopy of a <b>benefit letter (dated within the last 3 months)</b> which confirms your/their entitlement
Employment & Support Allowance (income-related)	from: Jobcentre Plus
Pension Credit (guaranteed element)	The Pension Service Home Office
NASS	
Universal Credit	Provide copies of your/their last 3 monthly assessments from DWP—please ensure you provide a full copy of all 3 statements
Housing Benefit  Council Tax Benefit	Provide a photocopy of a letter from the Local Authority (dated from March 2020 onwards) which confirms your/ their entitlement
Do you (or your partner if you have one) receive Worki	ng Tax Credit or Child Tax Credit?
Yes Provide a full copy of your <b>Tax Cred</b>	lits Award Notice for 2020/21 with this application
No Provide a copy of a <b>Child Benefit</b> en child(ren) included in this application	ntitlement letter (dated within the last three months) for the on
Are you in employment or self-employed?	
	last three months' payslips with this application your Self-Assessment return (Form SA302) from HMRC
No	
If you have a partner, are they employed or self-emplo	yed?
	r last three months payslips with this application their Self-Assessment return (Form SA302) from HMRC
No ▶ Provide a reason why your partner	cannot care for your child in 'Supporting Information' on page 3
How many hours a week does your partner work?	

16 hours or more

## SUPPORTING INFORMATION

Student name (print)

Today's date

Please use the space below to give any further information in For example, if you live with a partner and it would be unreason	
STUDENT DECLARATION	
Please carefully read the following and sign/print your name and understood the following statements:	in the boxes below. By signing, you confirm that you have read
All the information on this form is—to the best of my k	nowledge—correct and true
	dren named on this form, and that my partner (if I have one) is
<ul> <li>If I give incorrect or incomplete information, or if I with paid to me or on my behalf</li> </ul>	ndraw from my course early, I may be liable to repay any amount
<ul> <li>It is my responsibility to immediately inform the Finance effect my application</li> </ul>	cial Support team of any changes to my circumstances that may
	onditional on my continued adherence to the College's ABC rules aware that support will be stopped if my attendance record is
GDPR The information we collect is used solely for the purpose of pr submitting your application, you are agreeing that The Sheffiel college is fully compliant with the General Data Protection Reg	
part of our public interest task of providing education to you a	nal information and parental/partner information, is processed as and providing you with student support funding which is provided and parental/partner information for students who do enrol, the which can be kept for up to 15 years plus the current year as
We may share the personal information you give us with the following purposes.	following organisations (or types of organisation) for the
Organisation / type of organisation:	Purpose:
Education & Skills Funding Agency and Department for Education	As part of a legal and contractual obligations to gain funding.
Local Authority	As part of our legal obligation under the Education Act 1996 section 507B for compulsory education for under 18 year olds
Nurseries	In order to provide a place to your child and to fund the child's place
The college would not normally share partner information unlocations are treated as confidential and will only be see however it may be necessary to discuss your case with other of discuss your application or award with people named in the fo	en by the staff responsible for processing the applications,
I agree that my application can be processed and I understan	d the privacy statement and declarations set out above.
Student signature	

# **Section 2—To be completed by your Personal/Course Tutor**

If you have a **Personal Tutor**, you must ask them to complete this form.

If you do not have a Personal Tutor, you must ask your **Course Tutor** to complete this section.

Dear Tutor,

Thank you for taking the time to complete this form. As you will appreciate, the College must ensure that the public funds it distributes are done so properly. By completing this form, you will help the Financial Support team to ensure that appropriate support can be agreed quickly for our students.

If you need any advice on how to complete this form, please contact us on **0114 260 2288/2211** or email **studentsupportfund@sheffcol.ac.uk**.

## ATTENDANCE PATTERN

Please enter start and finish times in the attendance pattern below to confirm when the applicant is due to **attend classes or compulsory placements** on your course. Be as exact as possible—**do not add extra time that is not specific to their course(s)** (e.g. we will allow for considerations such as travel time to college). Make sure you tell us when this timetable will commence.

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	Monday	Tuesday	Wednesday	Thursday	Friday			
Start Time								
Finish Time								
Start date for above timetable / / /								
COMPULSORY	WORK PLACEN	1ENT						
Does the applicant ne	eed to undertake a o	compulsory work p	lacement?	Yes	No			
If Yes, is the placeme	nt to be undertaken	on a purely volun	tary basis?	Yes	No No			
Please clearly mark of	on the table above v	vhen the addition	al work placemen	t sessions will take	e place each wee			
<ul><li>I will immedia is withdrawn f</li><li>I will immedia</li></ul>	ATION  ave given above are tely inform students from their learning pately inform students olacement details ch	supportfund@shef rogramme supportfund@shef	fcol.ac.uk if I beco	me aware that the arner's pattern of a				
paisony work	ordernent details of		nendoned in time s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Tutor Signature				Dat	te			
Name (print)				Contact N	lo.			

Additional sheets are available on request if needed.

**Personal Tutor** 

I am the applicant's:

Note to student: Please be aware that Childcare Support is only available for the times stated in this Section, the childcare outlined in Section 3 will be cross-checked with the information provided by your tutor.

**Course Tutor** 

# Section 3—To be completed by the proposed Childcare Provider

Dear Childcare Provider,

Thank you for taking the time to complete this form—this will help us quickly assess whether or not we can help the applicant with their request for help from the Childcare Support Fund.

Please be aware, <u>there is no guarantee of funding at this stage</u>. If the application is successful, we will contact you <u>in writing</u> with details of the childcare support the College has agreed to pay and to give you information regarding how to get paid.

In the meantime, if you would like further information about how this scheme works or how to complete this form, please feel free to email **studentsupportfund@sheffcol.ac.uk** or call **0114 260 2288/2211**.

## CHILDCARE PROVIDER DETAILS

Business Name	
Address	Phone No.
Postcode	
EITHER Ofsted Registration No.	
*Please enclose a <u>copy</u> of your Ofsted Certifi	icate with this form
OR School Unique Reference No.	
(if you are an After School Club/Breakfast Clu	ub and based at a school)
Name of primary contact	
Email address	
Type of business Nursery C	Child-minder
CHILD(REN) DETAILS	
First Name Fa	amily Name Date of Birth (DD/MM/YY)
Child 1	
Child 2	
Child 3	
Child 4	

## ATTENDANCE PATTERN/FEES

**This should be cross-checked against the Tutor's Declaration in Section 2.** The College will only consider applications where the student is expected to be in class or on compulsory unpaid work placement.

**Free Early Learning (FEL) funding**—if a child is eligible for FEL funding this must be applied <u>first</u> to the cost of any childcare being claimed <u>before</u> the College will provide support for any additional sessions. Please include below all sessions covered by FEL alongside the costs of additional sessions (as applicable).

**Holiday periods**—please be aware that the College typically does not pay for holidays periods, we would expect the Applicant to have a **term-time only** contract/arrangement in place. If you would normally charge a retainer fee to all your parents for holiday periods, indicate this below.

Start date of childcare (DD/MM/YY)			/			/			
------------------------------------	--	--	---	--	--	---	--	--	--

Child 1	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
Finish Time					
Cost/day (Term-time)					
Cost/day (Holidays)					
Office Use					

Child 2	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
Finish Time					
Cost/day (Term-time)					
Cost/day (Holidays)					
Office Use					

Child 3	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
Finish Time					
Cost/day (Term-time)					
Cost/day (Holidays)					
Office Use					

Child 4	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
Finish Time					
Cost/day (Term-time)					
Cost/day (Holidays)					
Office Use					

## CHILDCARE PROVIDER'S DECLARATION

#### I CONFIRM THAT:

- The details I have given in Section 3 of this form are—to the best of my knowledge—correct and true
- The details given by the Applicant in this form are—to the best of my knowledge—correct and true
- I have agreed to provide childcare for the children mentioned and for the sessions and costs given in Section 3
- The fees given in Section 3 are the same rates charged to other parents and are valid up to and including 31st July 2021
- I am registered with Ofsted specifically to provide childcare and have attached a photocopy of my certificate to this application or I am a school providing childcare in an out of school club and I have supplied details of the school's Unique Reference Number (URN)
- I am NOT receiving funding from any other source (e.g. Free Early Learning funding) for the costs being claimed from the College for any of the children in Section 3
- I will keep all personal information relating to the applicant and any children secure and not share/disclose/lose this information without written consent
- I comply with General Data Protection Regulations (May 2018) and keep all electronic and paper copies of personal data secure

#### I UNDERSTAND THAT:

- This form is an application for support—and provides no guarantee that the application will be approved
- To the best of my knowledge, the applicant or their partner is/are not already receiving any other funding for the childcare that is being applied for in this scheme
- If my fees increase, the College will not necessarily agree to increase the amount of funding available
- That the College is not able to pay for childcare in advance and that all invoices for the 2020/21 academic year must be received by 31st July 2021 otherwise payment will not be made

#### I AGREE THAT:

• The Sheffield College and its agents may have access to my records for audit and evaluation purposes

#### I UNDERTAKE TO INFORM THE COLLEGE

By email to **studentsupportfund@sheffcol.ac.uk** if any of the following circumstances arise:

- I am deregistered by Ofsted for any reason whatsoever
- I stop providing childcare for the child(ren) in Section 3

By email to **DPO@sheffcol.ac.uk** if:

• There is a breach in any of the data about the above applicant to **immediately** notify the College's Data Protection Office

Signed	Date	
Name		
Job Title		

(Please keep a copy of Section 3 for your records)

## IMPORTANT NOTE FOR CHILDCARE PROVIDERS

Please be aware that nothing on this application form indicates the College's agreement to pay for childcare provision.

In the event of an application being successful, Childcare Providers will be sent a Confirmation of Support letter from the College. Invoices should NOT be sent to the College unless you have received this letter.

Please check your application before handing it in:  Have you answered all questions that apply to you (pages 1-3)?  Have you signed the form (page 3)?  Have you enclosed photocopies of all the required evidence (page 2)?  Has your tutor completed Section 2 of the form?  Has your childcare provider completed Section 3 of the form?	
<ul> <li>What to do with your completed application form:</li> <li>Either hand your form in at Student Services at your local college campus</li> <li>Or post your form to:         Financial Support         The Sheffield College         Livesey Street         Sheffield         S6 2ET</li> <li>Please ensure that you use the correct postage as it may cost more than a 1st class stamp (check at the Post Office if you are not sure about this)</li> </ul>	
If you need any further information or help with making an application, please contact us:  Email us: studentsupportfund@sheffcol.ac.uk  Call Financial Support on (0114) 260-2288/2211/2518  Visit Student Services at your College Visit our website: www.sheffcol.ac.uk	