The Sheffield College

Childcare Support Fund

For Students aged 20+ Application Form 2019/20



STUDENT DETAILS Student No. (on your ID card) 0 First Name(s) Surname Date of birth Age (on 31st Aug 2019) *Please note, if you are under 20 on 31st Aug 2019, 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 Olive Grove Fir Vale City Hillsborough **Peaks 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)

No

Yes

If yes, please send a copy of a letter from Student Finance England confirming your loan has been approved

Have you successfully applied for an Advanced Learner Loan?

HOUSEHOLD SITUATION

Do you live with a partner?						
Yes Please complete details below						
No						
About your partner :						
First Name Surname						
HOUSEHOLD INCOME						
	ho followi	ing honofite?				
Do you (or your partner if you have one) receive any of the	ie followi	ing benefits?				
Benefit		Evidence Required				
Income Support						
Jobseekers Allowance (income-based)		Provide a photocopy of a benefit letter (dated within the last 3 months) which confirms your/their entitlement				
Employment & Support Allowance (income-related)		from: Jobcentre Plus				
Pension Credit (guaranteed element)		The Pension Service Home Office				
NASS		Home office				
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		Provide a photocopy of a letter from the Local Authority (dated from March 2019 onwards) which confirms your/				
Council Tax Benefit		their entitlement				
Do you (or your partner if you have one) receive Working	g Tax Cred	lit or Child Tax Credit?				
Yes Provide a full copy of your Tax Credits	s Award N	lotice for 2019/20 with this application				
No Provide a copy of a Child Benefit entity child(ren) included in this application		etter (dated within the last three months) for the				
Are you in employment or self-employed?						
		months' payslips with this application ssessment return (Form SA302) from HMRC				
No						
If you have a partner, are they employed or self-employe	ed?					
Yes If employed, provide copies of their la If self-employed, provide a copy of the		months payslips with this application ssessment 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?						
Less than 16 hours 16 hours or more	е					

SUPPORTING INFORMATION	
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	•
 I confirm that I have parental responsibility for the child not able to care for them while I attend college 	dren named on this form, and that my partner (if I have one) is
	draw from my course early, I may be liable to repay any amount
It is my responsibility to immediately inform the Finance	ial Support team of any changes to my circumstances that may
	anditional 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.	ollowing 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
	507B for compulsory education for under 18 year olds In order to provide a place to your child and to fund the child's place

The college would not normally share partner information unless requested by the Education and Skills Funding Agency. All applications are treated as confidential and will only be seen by the staff responsible for processing the applications, however it may be necessary to discuss your case with other college staff in order to process it correctly. We may need to discuss your application or award with people named in the form such as parents/guardians or partners to verify information.

I agree that my application can be processed and I understand the privacy statement and declarations set out above.

Student signature	
Student name (print)	
Today's date	

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 financial-support@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. Monday Tuesday Wednesday Thursday **Friday Start Time Finish Time** Start date for above timetable COMPULSORY WORK PLACEMENT 8.2.1 Does the applicant need to undertake a compulsory work placement? Yes No

TUTOR DECLARATION

The details I have given above are—to the best of my knowledge—correct and true

8.2.2 If Yes, is the placement to be undertaken on a purely voluntary basis?

• I will immediately inform **financial-support@sheffcol.ac.uk** if I become aware that the applicant ceases to attend or is withdrawn from their learning programme

8.2.3 Please clearly mark on the table above when the additional work placement sessions will take place each week

• I will immediately inform **financial-support@sheffcol.ac.uk** if the learner's pattern of attendance at College or compulsory work placement details change from those mentioned in this section

Tutor Signature		Date	
Name (print)		Contact No.	
I am the applican	t's: Personal Tutor Course Tutor		

Additional sheets are available on request if needed.

Note to student: Please be aware that Childcare Support is only available for the times stated in this Section, the childcare outlined in Section 9 will be cross-checked with the information provided by your 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 **financial-support@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 Certificate with this form	
OR School Unique Reference No.	
(if you are an After School Club/Breakfast Club and based at a school)	
Name of primary contact	
Email address	
Type of business Nursery Child-minder After School Club Other ▶	
CHILD(REN) DETAILS	
First Name Family 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)			/			/			
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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 2020
- 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

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 financial-support@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?	
What to do with your completed application form:	
Either hand your form in at Student Services at your local college campus	
 Or post your form to: Financial Support The Sheffield College Livesey Street Sheffield S6 2ET 	
 Please ensure that you use the correct postage as it may cost more than a 1st of check at the Post Office if you are not sure about this) 	class stamp
If you need any further information or help with making an application, please con	tact us:
 Email us: financial-support@sheffcol.ac.uk Call Financial Support on (0114) 260-2288/2211/2518 ✓ Visit Student Services at Visit our website: www. 	