

Childcare Support Fund

20+ Students

Application Form 2017/18



Complete this form in <u>BLACK INK</u> and in <u>BLOCK CAPITALS</u>.

Answer all of the questions required—enter NIL, No or N/A where appropriate. Make sure you sign and date the form on page 3.

Section 1—Student Details					
Student number (on you	ur ID card) 0 0 Leave blank if unknown				
First name (in full)					
Surname (in full)					
Date of birth	Age (in years) on 31st August 2017 If you are under 20 on 31st August 2016 you should apply for help from Care To Learn: www.gov.uk/care-to-learn				
Home Address	Home telephone number				
	Mobile telephone number				
	Postcode				
Email address					
Section 2—Student Learning Programme					
Course Title					
College Campus City Hillsborough Peaks Olive Grove Fir Vale					
Advanced Learner Loan					
Are you studying on a Lo	evel 3 course?				
Yes No ▶ If no, proceed to Section 3					
If yes, have you previously achieved a Level 3 qualification? Yes No					
If yes, or if you are over 24, have you <u>successfully</u> applied for an Advanced Learner Loan?					
Yes ▶ Ple	ease send a copy of a letter from Student Finance England confirming your loan has been approved				
mu mu	apply for this Childcare Support, and if you have previously achieved a Level 3 qual. or are over 24, you ust have successfully applied for an Advanced Learner Loan (to cover all or part of your tuition fees) apply please visit www.gov.uk/advanced-learner-loan or call 0300 100 0619				

Section 3—Your Residential Status
Please tick <u>one</u> of the following: British Citizen EU/EEA Citizen Discretionary Leave To Remain Refugee Status Asylum Seeker
Section 4—About your partner
Question 4.1: Do you live with a partner? (A partner is defined as someone you are married to or in a civil partnership with, or co-habit with as though you are married to/in a civil partnership) Yes
Section 5—About your family's financial circumstances
In order for us to process your application as quickly as possible, please ensure you complete this section carefully—answer all the required questions in order and follow the instructions below. Make sure you include photocopies of the relevant supporting evidence where you see the symbol. Question 5.1: Are you in employment or self-employed? Yes Please send copies of your last three months payslips with your application, then go to Question 5.2 Question 5.2: If you have a partner, are they employed or self-employed? Yes Please send copies of their last three months payslips with you application, then go to Question 5.3 No Please provide a reason why they cannot care for your child in Section 6, then go to Question 5.3 Question 5.3: How many hours a week does your partner work? Less than 16 hours 16 hours 16 hours or more
Question 5.4: Do you (or your partner if you have one) receive any of the following benefits?
Income Support Jobseekers Allowance (income-based) Employment & Support Allowance (income-related) Descript Credit Cuprantoe Credit
Pension Credit: Guarantee Credit
If you have ticked 'Yes' to any of these categories, please send a photocopy of a letter (dated within the last three months) from Jobcentre Plus, your Local Authority or The Pension Service confirming your entitlement. Question 5.5: Do you (or your partner if you have one) receive Working Tax Credit or Child Tax Credit? Yes A You need to send a full copy of your Tax Credits Award Notice for 2017/18 with your application.
Yes You need to send a full copy of your Tax Credits Award Notice for 2017/18 with your application then go to Section 6
No Please supply a copy of your Child Benefit entitlement letter (dated within the last three months) then go to Section 6

Section 6—Supporting Information Please use the space below to give any further information in support of your application. For example, if you live with a partner and it would be unreasonable for them to look after your child(ren), please tell us: Section 7—Student Declaration Please carefully read the following and sign/print your name in the boxes below. By signing, YOU CONFIRM THAT: The information you have given on this form is—to the best of your knowledge—correct and true You have PARENTAL RESPONSIBILITY for the children named on this form, and that your partner (if you have one) is not able to care for them while you attend college YOU AGREE THAT: Details about your application may be discussed with either your tutor named in Section 8 or your childcare provider named in Section 9 YOU UNDERSTAND THAT: In some cases the college will only make a contribution towards childcare costs; you will be expected to pay the difference to your childcare provider If you leave your course early, the College may ask you to repay any monies that have been paid out on your behalf from this Fund Your attendance will be monitored; a poor attendance record may lead to funding being suspended or stopped and you will have to pay any outstanding costs to your childcare provider yourself Student signature Student name (print) Today's date **Adviser Details** If someone from the College or any other organisation has helped you complete this form, please write their details here: Adviser's Name **Job Title** Tel. No. When you AND your tutor AND your childcare provider have completed this form you should send it to:

Financial Support, The Sheffield College, Livesey Street, Sheffield S6 2ET

*Please ensure you use the correct postage as it may cost more than a 1st class stamp

Or hand it in to Student Services at your local centre

If you need any further information or help with making an application, please contact us:

- Email us: financial-support@sheffcol.ac.uk
- Call Financial Support on (0114) 260-2288/2211/2216
- Visit Student Services at your College
 - Visit our website: www.sheffcol.ac.uk
- ① Alternative formats of this application form are available on request

Section 8—To be completed by your Personal/Course Tutor

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

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 learners.

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**.

Section 8.1: Attendance Pattern in class

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

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 / / / / / / / / / / / / / / / / / / /							
Section 8.2: Co	mpulsory	Work Place	ement				
8.2.1 Does the applicant	need to undertal	ke a compulsory v	work placement?	Y	es No		
8.2.2 If Yes, is the placer	ment to be undert	aken on a purely	voluntary basis?	Y	es No		
8.2.3 Please clearly mar	k on the table in	Section 8.1 when	the additional wo	rk placement ses	sions will take pl		

Section 8.3: Personal or Course Tutor's Declaration

- The details I have given in Sections 8.1 and 8.2 above are—to the best of my knowledge—correct and true
- 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 given in Section 2
- 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 Sections 8.1 and 8.2

Tutor Signature				Date	
Name (print)				Contact No.	
am the applicar	nt'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 9—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**.

Section 9.1: Childcare Provider Details

Business Name					
Address	Telephone number				
Postco	ode				
EITHER Ofsted Registration No.					
*Please enclose a <u>copy</u> of your Ofsted Ce	ertificate with this form				
OR School Unique Reference No.					
(if you are an After School Club/Breakfas	et Club and based at a school)				
Name of primary contact					
Email address					
Type of business Nursery	Child-minder After School Club Other >				
Section 9.2: Details of the children that you have been asked to care for:					
First Name	Family Name Date of Birth (DD/MM/YY)				
Child 1					
Child 2					
Child 3					
Child 4					

Section 9.3: Attendance pattern / fees for children detailed in Section 9.2

This should be cross-checked against the Tutor's Declaration in Section 8. The College will only consider applications where the learner is expected to be in class or on compulsory unpaid work placement.

If a child is eligible for Free Early Learning (FEL) funding this must be applied first to the cost of any childcare being claimed before 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). Start date of childcare (DD/MM/YY) Child 1 Wednesday Monday **Tuesday Thursday Friday Start Time Finish Time** Cost/day (Term-time) Cost/day (Holidays) Office Use Child 2 **Friday** Monday **Tuesday** Wednesday **Thursday Start Time Finish Time** Cost/day (Term-time) Cost/day (Holidays) Office Use Child 3 **Tuesday** Wednesday **Thursday** Monday **Friday Start Time Finish Time** Cost/day (Term-time) Cost/day (Holidays) Office Use Child 4 Wednesday Monday Tuesday **Thursday Friday Start Time Finish Time** Cost/day (Term-time) Cost/day (Holidays) Office Use

Section 9.4: Proposed Childcare Provider's Declaration

I CONFIRM THAT:

- The details I have given in Sections 9.1-9.3 of this form are—to the best of my knowledge—correct and true
- The details given by the Applicant in Sections 1-7 of this form are—to the best of my knowledge—correct and true
- I have agreed to provide childcare for the children mentioned in Section 9.2 of this form and for the sessions and costs given in Section 9.3
- The fees given in Section 9.3 are the same rates charged to other parents
- The fees given in Section 9.3 are valid up to and including 31st July 2018
- 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 9.2

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 child-care 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 9.2

Signed	Date	
Name		
Job Title		
Job Title		

(Please keep a copy of this section for your records)

IMPORTANT INFORMATION 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.

Confidentiality: applications are only seen by staff involved in the delivery of Financial Support. From time to time it may be necessary for additional supporting information to be sought from other College staff in order for a decision to be made.

Data Protection Act 1998: The Sheffield College is a data controller in terms of the 1998 legislation. Financial Support staff follow College Policy in matters of Data Protection. The data requested on this form and any other supporting information is covered under the notification provided by the College under the Data Protection Act. Personal Data will be used solely for the purposes related to your application for support from the Hardship Fund.

The data you provide will not be passed to any other third party without your prior consent, except where the College is required to do so by law. Any formal enquiries concerning the use of data noted here should be addressed to the Data Protection Officer.



If we have asked you to supply evidence, please send a good quality photocopy—not the original. If originals received we will presume that we can keep these on file. They will NOT be returned automatically.



Please mark any enclosed evidence with your full name and date of birth

Make sure you have enclosed PHOTOCOPIES of the following documents with this form:

- ✓ Details of any benefits or tax credits from Section 5
- ✓ Ofsted Certificate for the Childcare Provider (unless you are using an after-school club)

When you AND your tutor AND your childcare provider have completed this form you should send it to:

*Please ensure you use the correct postage as it may cost more than a 1st class stamp

Or hand it in to Student Services at your local centre