

Social Work Bursary: Academic Year 2015/16

Application completion notes for students applying for Childcare Allowance

Introduction

Childcare Allowance is paid to students to help cover the costs of childcare whilst they are studying. You are eligible to apply for Childcare Allowance if you meet **ALL** of the following:

- you are in receipt of a postgraduate Social Work Bursary
- you have children who are mainly dependent on you who are attending an Ofsted registered childcare provider
- you are not in receipt of the childcare element of Working Tax Credit or the childcare costs element of Universal Credit

Completing the application

Part 1 – Your details

Please provide your bursary reference number if you know it and then complete your details in BLOCK CAPITALS.

Please also tell us if you or your partner receive the childcare element of Working Tax Credit, or the childcare costs element of Universal Credit. If either of you do, you are not entitled to claim Childcare Allowance.

Does your partner receive Childcare Allowance from us (Social Work Bursaries) or any other funding body? If YES, we may need to contact you about this.

Part 2 - Confirmation of childcare provision

Please provide the name and address of your childcare provider in BLOCK CAPITALS.

Please ask your provider for their Ofsted registration number (or equivalent reference number) and telephone number.

Please give us the name(s) and dates of birth(s) for the children at this provider.

If you are completing this form as you are replacing an existing provider, please tick Yes and give details of the change in the box (i.e. the date child left old provider and the exact date starting with new provider). Should you have any queries whilst completing this section, please contact us on 0300 330 1342.

Important

You must complete parts 2, 3, 4 and 5 of the *Childcare Allowance application form* for each **provider** you use. You do not need to fill in a form for each child. If you have two children at the same provider, complete one application. If you have two children but use three providers, complete three applications.

Part 3 - Estimated childcare in the academic year 2015/16

Please complete the table in part 3 with the estimated weekly charges you expect to pay the childcare provider for the three terms relevant to your course or if you are filling in a revised Childcare Allowance application, please start from the date the change occurred.

We need you to tell us how many children are at the provider, the first name of the child or children with the provider and how much you will pay in total for that week. If you leave any week blank we will assume you have no costs for that week. We cannot accept monthly charges so you must give us the amount you expect to pay each week.

Hint:

If you cannot fit all first names into the box, please provide the initials of each child with the provider for that week.

Part 4 – Verification of childcare costs

Please ask your childcare provider to complete this section.

Your childcare provider is required to check that the estimates you have provided are correct. They must complete part 4 and read the declaration before signing and dating the form.

Part 5 – Declaration

We highly recommend that you read the declaration carefully before signing part 5 of the form.

Please check through the form to ensure all sections are completed, then sign and date the declaration on page 8 of the application form.

Once completed, please send the form to:

Social Work Bursaries
NHS Business Services Authority
Bridge House
152 Pilgrim Street
Newcastle Upon Tyne
NE1 6SN

Should you have any queries in relation to this form please contact us on 0300 330 1342.

We can only accept the original *Childcare Allowance application form(s)*. We are unable to accept photocopies or Childcare Allowance applications submitted by email or fax.

Social Work Bursary: Academic Year 2015/16

Childcare Allowance

1 Your details

1.1 About you

- ▶ Bursary reference number (Your bursary reference number begins with a '2' or '3' Please leave blank if unknown.)

The names you use here need to match the names you give to your university/college when you register.

- ▶ Title Mr Mrs Ms Miss Other

- ▶ Surname or family name

- ▶ First name

- ▶ Other names

- ▶ Previous names

- ▶ Date of birth

- ▶ Contact details

Address

Postcode

Mobile phone number

Alternative phone number

Email

- ▶ Will you or your partner be receiving the childcare element of Working Tax Credit or the childcare costs element of Universal Credit while you study?

No *Go to the next question* Yes *You are not entitled to claim Childcare Allowance*

- ▶ Does your partner receive Childcare Allowance from Social Work Bursaries, or any other funding body?

No *Go to part 2* Yes *We may need to contact you about this*

Official Use Box

2 Confirmation of childcare provision

A separate part 2, 3 and 4 MUST be downloaded and completed for each childcare provider you are using.

Details of childcare provider - to be completed by the student.

Name of childcare provider

Address

Postcode:

Ofsted registration number or equivalent reference number

Telephone number

Details of children being cared for by this provider in the 2015/16 academic year.

Name of child	Date of birth
	DD / MM / YYYY
	DD / MM / YYYY
	DD / MM / YYYY
	DD / MM / YYYY
	DD / MM / YYYY

Please now complete part 3 on the next page detailing the anticipated costs for this period and then ask your provider to observe and sign the declaration on page 8 to verify these costs.

As stated at the top of this page, please ensure that a separate part 2, 3 and 4 is completed for each provider you use.

Is this application form to replace an existing childcare provider?

- No
 Yes Give details below

3 Estimated childcare in academic year 2015/16

To be completed by the student.

Please complete the table below and on the following page, showing anticipated charges you expect to be made to you in each individual week. Please specify how many children you require care for, and the total charge for each week.

Please make sure your estimated costs **do not** include provision that comes under the early years education.

Date from	Date to	No. of children	Child's first name	Total charges made		Official use only
				£	p	
01/09/2015	06/09/2015					
07/09/2015	13/09/2015					
14/09/2015	20/09/2015					
21/09/2015	27/09/2015					
28/09/2015	04/10/2015					
05/10/2015	11/10/2015					
12/10/2015	18/10/2015					
19/10/2015	25/10/2015					
26/10/2015	01/11/2015					
02/11/2015	08/11/2015					
09/11/2015	15/11/2015					
16/11/2015	22/11/2015					
23/11/2015	29/11/2015					
30/11/2015	06/12/2015					
07/12/2015	13/12/2015					
14/12/2015	20/12/2015					
21/12/2015	27/12/2015					
28/12/2015	03/01/2016					
04/01/2016	10/01/2016					
11/01/2016	17/01/2016					
18/01/2016	24/01/2016					
25/01/2016	31/01/2016					
01/02/2016	07/02/2016					
08/02/2016	14/02/2016					
15/02/2016	21/02/2016					
22/02/2016	28/02/2016					
29/02/2016	06/03/2016					
07/03/2016	13/03/2016					
14/03/2016	20/03/2016					
21/03/2016	27/03/2016					
28/03/2016	03/04/2016					
04/04/2016	10/04/2016					
11/04/2016	17/04/2016					
18/04/2016	24/04/2016					
25/04/2016	01/05/2016					

Any weeks left blank will be assumed to have no charge

3 Estimated childcare in academic year 2015/16 continued

To be completed by the student.

Please complete the table below showing anticipated charges you expect to be made to you in each individual week. Please specify how many children you require care for, and the total charge for each week.

Any weeks left blank will be assumed to have no charge

Date from	Date to	No. of children	Child's first name	Total charges made		Official use only
				£	p	
02/05/2016	08/05/2016					
09/05/2016	15/05/2016					
16/05/2016	22/05/2016					
23/05/2016	29/05/2016					
30/05/2016	05/06/2016					
06/06/2016	12/06/2016					
13/06/2016	19/06/2016					
20/06/2016	26/06/2016					
27/06/2016	03/07/2016					
04/07/2016	10/07/2016					
11/07/2016	17/07/2016					
18/07/2016	24/07/2016					
25/07/2016	31/07/2016					
01/08/2016	07/08/2016					
08/08/2016	14/08/2016					
15/08/2016	21/08/2016					
22/08/2016	28/08/2016					
Only complete the section below if your course starts in January						
29/08/2016	04/09/2016					
05/09/2016	11/09/2016					
12/09/2016	18/09/2016					
19/09/2016	25/09/2016					
26/09/2016	02/10/2016					
03/10/2016	09/10/2016					
10/10/2016	16/10/2016					
17/10/2016	23/10/2016					
24/10/2016	30/10/2016					
31/10/2016	06/11/2016					
07/11/2016	13/11/2016					
14/11/2016	20/11/2016					
21/11/2016	27/11/2016					
28/11/2016	04/12/2016					
05/12/2016	11/12/2016					
12/12/2016	18/12/2016					
19/12/2016	25/12/2016					
26/12/2016	31/12/2016					

4 Verification of childcare costs

All childcare providers must complete this section and sign the declaration on page 8.

Are the childcare costs provided on pages 5 and 6 correct?

Yes Complete section A

No Give the actual details in the space below, providing dates and amounts.

Section A - to be completed by ALL childcare providers

Your name:

Organisation name:

Your address or address of organisation:

Postcode:

Telephone number:

Fax:

Ofsted registration number or equivalent:

Date of registration:

Registration last from:

to:

I am registered with:

Please sign the declaration on page 8

4 Verification of childcare costs continued

All childcare providers must complete this declaration.

Before you sign this declaration, please ensure that you have checked that the charges declared in the estimated costs table on pages 5 and 6 are as accurate as possible.

I declare that the information given on this form and in any supporting documents is complete and accurate.

I declare that I am registered with Ofsted (or its equivalent if based outside England) as a childminder or childcare provider for the child(ren) named at part 2 of this form, of day or out of hours school care within the meaning of the Childcare Act 2006, or I can confirm that the childcare detailed on this form is provided directly by a school for a child or children age 3 or over; or it is provided by a Local Authority; or it is provided by an agency registered under the Domiciliary Care Agencies Regulations 2002 providing childcare in the child(ren)'s own home; or I am an approved foster carer providing childcare for a child or children I do not normally foster.

I confirm that I have agreed to provide childcare for the child(ren) named at part 2 of this form at the cost(s) that are quoted. I agree to provide the NHS Business Services Authority (NHSBSA) with documentary evidence upon request to confirm that the person named at part 1 of this form has met the costs for childcare in respect of the child(ren) named at part 2 of this form.

I confirm and accept that if I provide false or misleading information, I may be liable to prosecution and/or civil proceedings.

I consent to the NHSBSA contacting the person named at part 1 of this form for the purposes of verification of information provided on this form.

I understand that the administration of the Social Work Bursary and responsibility for counter fraud and security management in the NHS are both the responsibilities of the NHSBSA. I understand that the NHSBSA may share the information on this form with NHS Protect for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS.

Name:

Signature:

Date:

5 Declaration

I declare that:

- A I have read and understood the application instructions in full.
- B The childcare costs I have claimed for are not covered by the Early Years Education Scheme.
- C Neither I, nor my spouse/partner/civil partner receives the childcare element of Working Tax Credit or the childcare costs element of Universal Credit.
- D The child/children named at part 2 of this application form is/are wholly or mainly financially dependent on me.

By signing this I agree to the following conditions:

- E I will notify the NHSBSA immediately of any change in circumstances that might affect my entitlement to financial support or the NHSBSA's records relating to me, including but not limited to:
 - withdrawing, suspending, deferring or interrupting the course temporarily or permanently for any reason, regardless of whether I intend to return
 - changing my study pattern from full-time to part-time, or vice versa
 - taking a year or term out from study
 - changing the account I want my payments made to
 - changing address
 - gaining support for childcare costs from a publicly funded body or an employer. Failure to inform the NHSBSA may prohibit further payments and may constitute fraud by failing to disclose information, and as such, I may be liable for criminal prosecution
- F I accept that the NHSBSA will immediately terminate or suspend my funding if:
 - I withdraw, suspend, defer or interrupt the course temporarily or permanently for any reason, regardless of whether I intend to return
 - I take a year or term out from study
 - the NHSBSA determines at its absolute discretion that it is reasonable for it to do so
 - I gain support for childcare costs from a publicly funded body or an employer
 - I use a childcare provider that is not registered with Ofsted, approved by the Childcare Approval Scheme or accredited by an approved organisation
 - the NHSBSA at its absolute discretion determines that I am no longer entitled to financial support
- G I will pay back to the NHSBSA within 30 days of receiving notification any excess payment, fees and any other charges, in the event of the following circumstances:
 - changing my study pattern from full-time to part-time
 - withdrawing, suspending, deferring or interrupting the course temporarily or permanently for any reason, regardless of whether I intend to return
 - taking a year or term out from study
 - being overpaid because I have failed to inform the NHSBSA of a change in my circumstances
 - an NHSBSA administrative error
 - where the NHSBSA at its absolute discretion determines that I have been given financial support to which I am not entitled

5 Declaration continued

- I gain support for childcare costs from a publicly funded body or my employer.

Should I fail to make full repayment of any amount due or agree an acceptable repayment plan with the NHSBSA, the debt may be passed to a debt collection agency. I agree that I will be charged for any additional recovery costs which will be added to the balance outstanding on referral

H I understand that if my estimated childcare costs declared at part 3 exceed my actual childcare costs by £500 or more in any one term, all future payments of Childcare Allowance will be withheld until I have submitted revised estimates for the remaining terms.

I I declare that the information given on this form and in any supporting documents provided is complete and accurate. I understand and accept that if I provide false or misleading information, financial support may be refused or withdrawn and I may be liable to prosecution and/or civil proceedings.

I consent to the NHSBSA contacting the childcare provider(s) detailed in part 2 of this form for the purposes of verification of information provided on this form.

I understand that the administration of the Social Work Bursary and responsibility for counter fraud and security management in the NHS are both the responsibilities of the NHSBSA. I understand that the NHSBSA may share the information on this form with NHS Protect for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS.

▶ Full name of student

▶ Signature of student

▶ Date

DD / MM / YYYY