|  |  |  |
| --- | --- | --- |
|  |  | **C:\Users\Browningl1\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\G3ZCOYPD\ESF (2).JPG** |

**This form is available in Welsh.**

**APPLICATION FOR HELP WITH CHILDCARE COSTS – NON-EMPLOYED STATUS ONLY**

**Data Protection Act 1998**: The information that you give on this form will be used for the purpose of processing your application for help with childcare costs. The Welsh Government (WG) is under a duty to protect the public funds it handles and may use the information you have provided on this form to prevent and detect fraud. The Welsh Government may also share this information, for the same purposes, with other organisations which handle public funds.

**Please fill in this form in block CAPITALS.**

**SECTION A (TO BE COMPLETED BY THE LEARNER)**

**Your personal details**

|  |  |
| --- | --- |
| 1. Your surname
 |  |

|  |  |
| --- | --- |
| 1. Your first name(s)
 |  |

|  |  |
| --- | --- |
| 1. Your date of birth
 |  |

|  |  |
| --- | --- |
| 1. Your National Insurance number
 |  |

|  |  |
| --- | --- |
| 1. Your full home address and postcode
 |  |

**About your childcare**

|  |  |
| --- | --- |
| 1. Name of your childcare provider
 |  |

7 In the table below, please give details of the child or children you wish to claim childcare for.

|  |  |
| --- | --- |
| Child’s Full Name | Date of birth |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

8 Are any of the children for whom you are claiming support receiving a free Nursery Education place?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If ‘No’, go to question 9

If ‘Yes’, please give details below

|  |  |  |
| --- | --- | --- |
| Child’s Full Name | No of hrs childcare provided each week | Name and address of the provider |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

9 Please tell us when you will need childcare for each child you have listed in question 7. If you only need childcare for part of your course or if the cost of childcare varies, please provide details (including dates) on a separate sheet.

|  |
| --- |
| **Details of when you will need childcare** |
| Child’s Full Name | Date childcare started or begins | Date childcare ends | No of days/weeks childcare required | No of hrs childcare required each week | Cost of childcare each week |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Please tell us whether your childcare requirements outlined in question 9 above include any periods when you expect to be on holiday.

Please provide details below:

|  |
| --- |
| **Holiday dates**  |
| Child’s Full Name | Start Date | End Date | Is there a mandatory retainer fee? Yes / No | If yes, how much?  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**LEARNER’S DECLARATION**

* I confirm that I am a lone parent and that the details given in my application form are true and correct;
* I am content for my work based learning training provider to contact and share information with the Welsh Government, Careers Choices Dewis Gyrfa and my childcare provider as required;
* I will tell my training provider if my childcare requirements change or if I change my childcare provider;
* I am not receiving funding for this childcare from another source; and
* I understand that the giving of false information or withholding of relevant information may lead to the termination of any childcare support granted and the instigation of legal proceedings for the recovery of any amounts paid to me or on my behalf.

|  |  |
| --- | --- |
| Signed: |  |

|  |  |
| --- | --- |
| Full name: |  |

|  |  |
| --- | --- |
| Date: |  |

**PLEASE NOW FORWARD THIS FORM TO THE CHILDCARE PROVIDER TO COMPLETE SECTION B**

**SECTION B To be completed by the childcare provider** (please fill in parts A or B as appropriate). If you use more than one childcare provider, a separate Section B must be completed by each provider.

|  |  |
| --- | --- |
| 1. Childcare provider’s name
 |  |

|  |  |
| --- | --- |
| 1. Full address, including postcode
 |  |

|  |  |
| --- | --- |
| 1. Telephone number (including STD Code)
 |  |

1. Please indicate the type of childcare being provided

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Childminder |  | Pre-school Playgroup |  | Crèche |  |
|  |  |  |  |  |  |
| Day Nursery |  | Other – please specify |  |  |  |

|  |  |
| --- | --- |
| 1. How many hours of childcare will you provide each week?
 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Cost of childcare \*\*
 | Per day | £ | Per wk | £ |

1. Do you charge a mandatory retainer for the holidays?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  |  No |  | If Yes, how much? | £ |

8 What period of notice do you require for ending the childcare placement?

|  |  |
| --- | --- |
|  Number of weeks | weeks |

\*\* If the cost of childcare per day / week varies, please provide details (including dates) on a separate sheet.

**CHILDCARE PROVIDER’S DECLARATION - Please complete Part A or B, whichever applies.**

**Part A: For registered childcare providers caring for children under 8, including child minders, registered nurseries, after school clubs and holiday play schemes**.

|  |  |
| --- | --- |
| I am registered with the Care and Social Services Inspectorate for Wales |  |

|  |  |
| --- | --- |
| My registration number is |  |

|  |  |
| --- | --- |
| Date of registration |  |

I confirm that:

* I have agreed to provide childcare as shown at Section A, item 9 of this form;
* I understand that I need confirmation from the learner/parent’s training provider that the application has been accepted and at what rate before payment can be made;
* these costs are being charged at the same rate of fees charged to other parents;
* I am not already receiving funding for the childcare costs being claimed;
* I will not make any additional charges to the learner/parent unless these are agreed and funding identified in advance;
* I will inform the learner’s training provider promptly if I stop providing childcare for the child(ren) shown or if the childcare fees change; and
* I agree to invoice the learner’s training provider directly for the cost of providing childcare.

|  |  |
| --- | --- |
|  Signed: |  |

|  |  |
| --- | --- |
| Full name: |  |

|  |  |
| --- | --- |
| Date: |  |

**PLEASE COMPLETE PART B OR FORWARD THIS FORM TO THE LEARNING PROVIDER**

**Part B: Approved organisation for children over 8 only**.

|  |  |
| --- | --- |
| Date you became approved |  |

|  |  |
| --- | --- |
| Reference Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| The approval lasts from |  | to |  |

|  |  |
| --- | --- |
| Name and address of the organisation which granted approval |  |

I confirm that:

* the provision (as shown in Section B) has been approved by an accredited organisation pursuant to the Tax Credits (Approval of Childcare Providers (Wales) Scheme 2007) and Tax Credits (Approval of Child Care Providers) (Wales) (Amendment) Scheme 2013;
* I have agreed to provide childcare as shown at Section A, item 9 of this form;
* I understand that I need confirmation from the learner/parent’s training provider that the application has been accepted and at what rate before payment can be made;
* these costs are being charged at the same rate of fees charged to other parents;
* I am not already receiving funding for the childcare costs being claimed;
* I will not make any additional charges to the learner/parent unless these are agreed and funding identified in advance; and
* I agree to invoice the learner’s training provider directly for the cost of providing childcare.

|  |  |
| --- | --- |
| Signed: |  |

|  |  |
| --- | --- |
| Full name: |  |

|  |  |
| --- | --- |
| Date: |  |

**PLEASE NOW FORWARD THIS FORM TO THE LEARNING PROVIDER**

**SECTION C (TO BE COMPLETED BY LEARNING PROVIDER)**

|  |  |
| --- | --- |
| 1. Name of provider
 |  |

|  |  |
| --- | --- |
| 1. Address, including postcode, if different from contract address
 |  |

|  |  |
| --- | --- |
| 1. Name of course learner is following or has applied for
 |  |

|  |  |
| --- | --- |
| 1. Number of hours learner must attend per week
 |  |

|  |  |
| --- | --- |
| 1. If the number of hours attendance differs from the number of hours childcare required (Section A question 9), please provide details of the difference
 |  |

|  |  |
| --- | --- |
| 1. Length of course
 | Weeks |

|  |  |
| --- | --- |
| 1. Learner’s Identifier LLWR Field (LN01 or LN02)
 |  |

1. Please record when the learner will be starting and finishing his/her learning/courses in the table below. Where applicable enter holiday dates or state the number of holiday weeks per year.

|  |  |
| --- | --- |
| Learning Dates | Holiday Dates |
| Start Date: | End Date: | Start Date: | End Date: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**LEARNING PROVIDER’S DECLARATION – to be completed by an Authorised Officer at the learning provider**

I confirm that:

* I have copied and retained a copy of the birth certificate, a copy of the letter confirming entitlement to child benefit or Tax Credits Award Notice (TC602(SN)) to confirm that the learner has (a) dependent child(ren) as set out at Section A, item 9;
* the learner is a lone parent;
* the childcare provider recorded at Section B is registered by the Care and Social Services Inspectorate Wales (CSSIW) or has been approved by an accredited organisation’s Quality Assurance (QA) scheme;
* the learner has been accepted or is waiting for the outcome of their application for a Welsh Government (WG) funded work based learning programme stated above;
* the learner is/will be in attendance at this establishment for the period stated above;
* the learner is non-employed with trainee status;
* I agree to complete monthly expenditure returns for the Learner Provision Team;
* I agree to issue payments to the learner’s childcare provider, on receipt of payments from WG, and that I will keep auditable records of this; and
* I will notify the Learner Provision Team promptly if the learner ceases to attend their work based learning programme.

|  |  |
| --- | --- |
| Signature: |  |

|  |  |
| --- | --- |
| Full name: |  |

|  |  |
| --- | --- |
| Position held: |  |

|  |  |
| --- | --- |
| Date: |  |

For 2017/18, there is no requirement for providers to send copies of childcare application forms to the Welsh Government. Providers are responsible for ensuring that all sections of the form are completed correctly and that the learner is eligible for childcare support. Individual application forms may be subject to audit by the Welsh Government’s Provider Assurance and Governance Service (PAGS).