

Date Received:



Childcare Bursary Form

Academic Year 2023/24

Please complete together with a 19+ Bursary Form OR an Advanced Learner Loan Bursary Form
Written confirmation of costs from an OFSTED registered childcare provider **MUST** be supplied with this form along with appropriate evidence.

SECTION 1 – PERSONAL DETAILS

| | | | |
|-------------------|--|---------------|--|
| Your Surname | | Your Forename | |
| Student ID Number | | | |

SECTION 2 - COURSE INFORMATION – COURSE TIMETABLES WILL BE REQUIRED PRIOR TO PAYMENTS BEING AUTHORISED

| | |
|--------------|--|
| Course Title | |
|--------------|--|

SECTION 3 - CHILD DETAILS AND CHILDCARE PROVIDER DETAILS *(Please complete additional forms if required)*

| Please tick which childcare provision you will be using (please tick all that apply) | | | |
|--|--------------------------|--|--|
| Little Explorers Day Nursery, Chaffron Way Campus | <input type="checkbox"/> | Other OFSTED Registered Childminder | <input type="checkbox"/> |
| Other OFSTED Registered Nursery or Preschool | <input type="checkbox"/> | Other OFSTED Registered Childminder | OFSTED Registered Breakfast/After School Club |

| Name of Child 1 | Date of Birth | Age |
|--|---------------|-----|
| | | |
| Name and Address of Childcare Provider | | |
| OFSTED Register Number | | |
| Name of Child 2 | Date of Birth | Age |
| | | |
| Name and Address of Childcare Provider | | |
| OFSTED Register Number | | |
| Name of Child 3 | Date of Birth | Age |
| | | |
| Name and Address of Childcare Provider | | |
| OFSTED Register Number | | |

*This form is for 19+ Bursary and Advanced Learner Loan Bursary applicants only. Students aged under 20 at the start of their course may be eligible for Care to Learn funding – please speak to the Bursary team for more details. These funds are discretionary and due to the limited nature of these fund, meeting the criteria **does not** guarantee funding. Funds are allocated on a first come first served basis.*

| Child 1 | Please indicate childcare hours required | | | | |
|---------------------|--|---------|-----------|----------|--------|
| | Monday | Tuesday | Wednesday | Thursday | Friday |
| Nursery/Childminder | | | | | |
| Breakfast Club | | | | | |
| After School Club | | | | | |
| Child 2 | | | | | |
| Nursery/Childminder | | | | | |
| Breakfast Club | | | | | |
| After School Club | | | | | |
| Child 3 | | | | | |
| Nursery/Childminder | | | | | |
| Breakfast Club | | | | | |
| After School Club | | | | | |

SECTION 4 – DECLARATION

| | |
|--|-----------------|
| <p>I confirm that the information given on this form and accompanying evidence is truthful and correct to the best of my knowledge. No false or incomplete information has been submitted and I have made the College aware of any part of my own or my household income. I understand that the College has the right to make an independent check of any evidence submitted and as such, action may be taken to recover funds and stop future payments in the event of any information I have given being proven to be incorrect or false. I agree that my attendance will remain at 90% or above overall (unless I experience exceptional circumstances) and that my conduct and progress on the course will be in line with College Policy. Where my attendance, conduct or progress is not up to this standard then I understand that the College may stop my payments. I agree that I will claim, and use Government funded free early years education and childcare where my child(ren) is eligible to receive such funding, prior to claiming for additional support from the Bursary Fund.</p> | |
| Signature: | Date: |
| I agree for the College to discuss my financial payments with my parents/carers/guardians/providers or partner. | Please tick box |

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