

# INSTRUCTIONS TO THE PARENT/GUARDIAN

Parent/Guardian to complete Childcare Request Form Part 1 and return to the Financial Support Team.

Childcare Provider Details Part 2 a & b to be completed by the Childcare Provider and returned via email to welfare@educationpartnershipne.ac.uk

If you are applying for Advanced Learner Loan to fund your course, we cannot pay for any Childcare costs until this loan has been approved.

Once all forms are returned and processed a confirmation email will then be sent to the parent/guardian and childcare provider.

#### Please note:

Childcare providers must be registered with OFSTED.

It is the responsibility of the parent/guardian to agree the terms of a contract with a provider.

The College will pay up to £4.50 per hour childcare for college timetabled hours only minus government funded hours.

Payment will be made direct to the Childcare provider via monthly BACS transfer. However, the College does need certain information from the Childcare provider.

The College cannot make any payment until the Childcare Request Form Part 1 and Childcare Provider Details Part 2 a & b\_forms has been returned to the Financial Support Team.

It is your responsibility to inform the College and your Childcare Provider if you withdraw from your course. The College cannot cover any cancellation charges should you withdraw from your provision. The only time we would cover such charges is if the College has cancelled your course. In all other cases you are liable for such fees.

If you have any queries regarding the issues raised in this document please do not hesitate to contact the Financial Support Team at welfare@educationpartnershipne.ac.uk



TS25.5PF

Blakelock Road, Hartlepool,











# **CHILDCARE REQUEST FORM – PART 1**

For Office Use Only:					
Student Enrolment No -					
20+ Learner Support Fund –	Advanced Learner Loan Bursary –				
Benefit Type - UC/IS / JSA / ESA / Ho	ousehold Income < £28,000 Evide	ence provided			
To be completed by Paren COURSE DETAILS	t/Guardian:				
Course Title -					
Start Date:	End Da	te			
No. of Weeks:					
Parents Name					
D.O.B	Age				
Address					
Postcode		-			
Email address					
Contact Telephone Number					
Childs Name	Childs D.O.B	Start Date	Hours attended per week		
1.					
2.					
I agree to inform the Financial Su			nces.		











### INSTRUCTIONS TO THE CHILDCARE PROVIDER

Childcare providers must be registered with OFSTED.

It is the responsibility of the parent/guardian to agree the terms of a contract with the Childcare provider.

The College will pay up to £4.50 per hour childcare for college timetabled hours only minus government funded hours.

Payment will be made direct to the Childcare provider monthly via monthly BACS transfer. However, the College does need certain information from the Childcare provider. Attached is the Childcare Provider Details Part 2 a & b that needs to be returned to the college by the childcare provider.

Once all forms are returned and processed a confirmation email will then be sent to the parent/guardian and childcare provider.

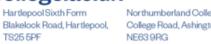
#### Please note:

The College cannot make any payment until the Childcare Request Form Part 1 (which is the responsibility of the parent/guardian to complete) and Childcare Provider Details Part 2 a & b forms are returned to the Financial Support Team.

It is the responsibility of the student to inform the Childcare Provider should they withdraw from their course. The College cannot cover any cancellation charges should a student withdraw from your provision. The only time we would cover such charges is if the College has cancelled the student's course. In all other cases the student is liable for such fees.

If you have any queries regarding the issues raised in this document please do not hesitate to contact the Financial Support team at welfare@educationpartnershipne.ac.uk

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# To be completed by the Childcare provider and returned to:

welfare@educationpartnershipne.ac.uk

### CHILDCARE PROVIDER DETAILS FORM – PART 2 (a)

А.	CHILDCARE PROVI	DEK DETAILS			
Childca	re Provider's Name	·			
Postcor			Talanhana Number		
Ofsted	Registration Numb	er/URN Number	T		
I charge	e£	per hour			
В.	PARENT/CHILD'S [	DETAILS			
Parent	s Name				
D.O.B.			Age		
-				de	
	Childs Name		Childs D.O.B	Start Date	Hours attended per week
	1.				
	2.				
	ss		Postcoo	de	•
	2.				

NOTE: STUDENT, CHILDCARE PROVIDER AND THE COLLEGE WILL NEED TO SHARE INFORMATION ABOUT EACH OTHER.











# **CHILDCARE PROVIDER DETAILS FORM – PART 2 (b)**

C.	BANK INFORMATION
You wi	l be paid Monthly by BACS Transfer, please insert your bank details below:
Bank _	Branch
Addres	S
Postco	de
Email A	ddress
Name o	of Account Holder
Sort Co	de Account Number
D.	CHILDMINDER/CHILDCARE PROVIDERS DECLARATION
I agree	to inform the Financial Support Team immediately of any change of circumstances.
Childca	re provider's signature:
Childca	re provider's stamp:
	TE: STUDENT, CHILDCARE PROVIDER AND THE COLLEGE WILL NEED TO SHARE INFORMATION ABOUT EACH OTHER.







