

CHILDCARE FORM TO BE COMPLETED BY PROVIDER

This **additional form** should be submitted by the student, with their main application. Submitting this form alone does not constitute an application for financial support.

STUDENT - Ask your childcare provider to complete this form

- Consider your childcare requirements for your full academic year and discuss these with your provider.
- You are applying for a contribution towards study related childcare costs for your academic year.
- While we cannot contribute toward work related childcare costs, we do need information on these costs.
- Refer to our fund procedures and Childcare Fact Sheets before applying. Full details of the childcare costs we can consider are detailed in these documents, available [here](#).
- If you have more than one provider, a copy of this form should be completed by each provider.
- Submitting this form alone does not constitute an application for financial support. You should submit this with your main application to the Discretionary Fund, or after you have submitted the Discretionary Fund application.
- This must be submitted by email to fundingadvice@uws.ac.uk as a single pdf document.

CHILDCARE PROVIDER – Please refer to our childcare fact sheet for further information

- Students are applying for a contribution towards study related childcare costs over their academic year. You should complete this form to reflect the childcare you have discussed and agreed to provide.
- Not all students are eligible for the same support. The student should be able to confirm what they are eligible to apply for, but you can also refer to our fund procedures and Childcare Fact Sheets before applying, available [here](#).
- While we cannot contribute toward work related childcare costs, we do need information on these costs.
- Students remain responsible for any childcare payments until we have completed our assessment. After which, they will be remain responsible for any amounts not covered by us.
- Any award will be paid directly to you by BACS and we will email you a remittance advice detailing the payment plan for the year if an award is being made.
- We may contact you during the academic year to review the award.

Your data:

- The information you provide to us on the Childcare Form will be used by the University of the West of Scotland (the "University") to process the childcare claim made by the student and to make payments directly to you. The University will be the data controller for the information you have provided to us. The University will make sure we process all personal information you have provided in line with the current data protection legislation.
- We will keep your information in our records for 7 years and then this will be securely destroyed. Only staff of the University will have access to your information, and we will not pass the information you have provided to us to any third parties.
- If you would like further information about what choices you have in relation to the information we hold about you, how we keep your information secure and who you can contact if you have concerns about how we use your information, you can find the relevant information in our privacy notice (<https://www.uws.ac.uk/about-our-website/privacy/>)

HOW TO COMPLETE THIS FORM:

- The student must submit this to us via email, so you should liaise with the student to complete this and return it to them.
- We do not require a wet signature, so you may complete the form electronically. If you cannot edit the PDF version that we produce, there are free resources online that can convert one file type to another, such as pdf to word. We recommend llovepdf.com but other resources are available.
- You may also print and complete the form by hand. The student will then be responsible for converting this to a digital format that they can submit to us via email.

THE FOLLOWING 2 PAGES ARE TO BE COMPLETED BY CHILDCARE PROVIDERS:

Please read guidance on page 1

DETAILS OF CHILDCARE COSTS:**STUDENT NAME:****STUDENT BANNER ID:****NAME OF NURSERY/AFTER SCHOOL/CHILDMINDER:**

NAME OF CHILD(REN)	COST PER DAY (after any government funding)	NO. OF DAYS PER WEEK	WEEKLY COSTS	NO. OF WEEKS REQUIRED	TOTAL FOR THE ACADEMIC YEAR
--------------------	--	----------------------	--------------	-----------------------	-----------------------------

STUDY RELATED CHILDCARE REQUIRED (INC. PLACEMENT)

	£		£		£
	£		£		£
	£		£		£
	£		£		£
	£		£		£

WORK RELATED CHILDCARE REQUIRED

	£		£		£
	£		£		£
	£		£		£
	£		£		£
	£		£		£

I CONFIRM THIS IS A TRUE REFLECTION OF CHILDCARE TO BE PROVIDED AND I HAVE THE AUTHORITY TO PROVIDE THIS INFORMATION.

TOTAL

£

NAME (PRINT):**POSITION:****SIGNED:****DATE:**

CONTACT DETAILS:

NAME OF NURSERY/AFTER SCHOOL/CHILDMINDER:
(INCLUDE NAME IF UNREGISTERED)

COMPANY NAME (IF DIFFERENT):

ADDRESS (INC. POSTCODE):

TEL. NO:

EMAIL*:

REGISTRATION NO.:

TO BE COMPLETED BY LOCAL AUTHORITY CHILDCARE PROVIDERS:

EMAIL ADDRESS OF YOUR CONTACT*:

* Written confirmation of any contribution towards childcare costs and details of the payment plan will be sent by **email** in advance of the first payment and serves as your remittance advice. If indicated, a copy will also be sent to your finance contact in the Local Authority.

PAYMENT DETAILS:

You **do not** need to complete this section if you have previously provided these details, and have received payments from us before, **but you must sign the declaration below.**

Please complete **LEGIBLY** in **BLOCK CAPITALS** as unclear details may result in delayed payments. Please note you have a responsibility to notify us as soon as possible if your bank details change.

Please tick one option:

UWS have my bank details and these have not changed

or

UWS does not have my bank details (provide below)

or

UWS have my bank details but these have changed (provide below)

NAME AS HELD ON ACCOUNT:

BANK/BUILDING SOCIETY NAME:

SORT CODE:

--	--	--	--	--	--	--	--

ACCOUNT NO.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I CONFIRM THAT THE ABOVE BANK DETAILS ARE FOR THE CHILDCARE PROVIDER NOTED ABOVE AND ARE ACCURATE.

I CONSENT TO THE UNIVERSITY PROCESSING MY INFORMATION IN LINE WITH THE NOTICE ON PAGE 1 –

PLEASE TICK THIS BOX →

SIGNED:

DATE:

NAME:

POSITION:

Should you have any questions, please do not hesitate to contact us at fundingadvice@uws.ac.uk