



Please provide details of the registered or formal childcare costs you expect to pay during the period 1st August to 31st July. Please use a separate certificate for each Childcare Provider you use.

**Section A**

Student Name

Date of Birth     
DD MM YY

Student ID

**Section B**

The childcare provider you use must be registered with Social Care and Social Work Improvement Scotland (SCSWIS) and must provide their registration number in the box provided. We will not pay for informal childcare, for example, a friend or relative.

Child Name

Date of Birth     
DD MM YY

What is the weekly childcare cost for your standard course week (excluding course placements)

What is the weekly childcare cost for weeks where you will be on a course placement course

Child Name

Date of Birth     
DD MM YY

What is the weekly childcare cost for your standard course week (excluding course placements)

What is the weekly childcare cost for weeks where you will be on a course placement course

Child Name

Date of Birth     
DD MM YY

What is the weekly childcare cost for your standard course week (excluding course placements)

What is the weekly childcare cost for weeks where you will be on a course placement course

## Section C

This section must be completed by the Childcare provider who can verify the arrangements.

Proprietor's/Company Name

Address

  
  
Postcode:  
Email:

Contact Phone Number

Care Inspectorate Registration Number

I declare, to the best of my knowledge and belief, the details given in Section B of this form are full and accurate.

Signature

Date

  
D D  
M M  
Y Y

## Applicant Declaration

We will use the information you have given us in this form for the purpose of processing this claim.

Information on how we collect, hold and process your information can be found on our Student Support Funds Privacy Statement. We have a duty to appropriately manage public funds and we will use the information provided on this form for the prevention, detection, investigation and reporting of Fraud. We will share this information with other bodies for these purposes.

By signing and submitting this form you are confirming that:

- All the information you have given on this form is complete and accurate, to the best of your knowledge and belief.
- You will give us any additional information or documents we may request to enable us to process your funding application.
- You understand if you give us false, incorrect or incomplete information or your conduct is otherwise unsatisfactory, we may withdraw your funding and you will be required to repay all monies which you are not entitled to.
- You understand the information you have provided will be used for the prevention and detection of crime and understand we will share this information with other bodies for these purposes.
- Funds claimed for childcare will be paid to the childcare provider as named on this and your application

Therefore:

I declare, to the best of my knowledge and belief, the details I have given on this form are full and accurate.

Signature

Date

  
D D  
M M  
Y Y