

NOV

CHILDCARE CONFIRMATION DOCUMENT (NOVEMBER) TO BE COMPLETED BY CHILDCARE PROVIDER ONLY

The purpose of this document is to verify that the student is still using the childcare provision covered by their award, and to verify the current details and cost of the childcare service being provided. The completed form should be returned to Student Services. Failure to provide this information will result in payments being suspended.

This form must be completed by the Childcare provider and returned in order for payments due on 10/12/2021 to be released. This form should be completed no earlier than 01/11/2021, and should be returned by 09/12/2021 for payments to continue as scheduled.

Student's name	Please enter name.		
Student payment ref no. (If known)	Enter reference number if known.		
Name(s) of Child(ren) covered by the provision	Please enter name(s).		
Name of childcare provider/organisation	Please enter name.		
Address (provider)	Please enter address.		
E-mail address	please enter e-mail address.		
If your childcare rates have changed since 30/08/2021 please give the date they changed Please attach additional information where possible	Enter date.		

I confirm that: -

- The above named has used our childcare provision from Enter date. and provision is continuing. If provision is not continuing, please state end date Enter date..
- The information recorded on this form is correct at the date of signing.

Provider's Signature Enter e-sig if you have one. **Date** Enter date.

Print Name Please enter name. **Position in Organisation** Please enter information.

DATA PROTECTION

The personal data which has been supplied on this form is protected under the Data Protection Act 1998 and will only be used in the maintenance of childcare claims. It will not be disclosed to a third party without your explicit consent.

For Office Use	Reassessment?	Date completed	Staff member	Notes
	Y / N	___/___/___		

TO BE COMPLETED BY THE CHILDCARE PROVIDER

Please provide details of the childcare provision supplied for the period up to the date of completion. Please note start date and details of any changes since the start date i.e. day/times attended or price changes

Child's Name	Date provision due to start/ Started in 2021-22 session*	Days and times of attendance Day Times	Cost of childcare each day (£)	Total cost per week (£)	Tick if child is pre-school funded	If the child has become eligible for preschool funding part way through the course, please provide details below, including start date and amount
Enter child name.	Enter start date. * must be 2021-22 date	Mon: Enter times. Tues: Enter times. Wed: Enter times. Thu: Enter times. Fri: Enter times.	Mon: Enter fee. Tues: Enter fee. Wed: Enter fee. Thu: Enter fee. Fri: Enter fee.	Total per week.	<input type="checkbox"/>	Please enter information.
Enter child name.	Enter start date. * must be 2021-22 date	Mon: Enter times. Tues: Enter times. Wed: Enter times. Thu: Enter times. Fri: Enter times.	Mon: Enter fee. Tues: Enter fee. Wed: Enter fee. Thu: Enter fee. Fri: Enter fee.	Total per week.	<input type="checkbox"/>	Please enter information.
Enter child name.	Enter start date. * must be 2021-22 date	Mon: Enter times. Tues: Enter times. Wed: Enter times. Thu: Enter times. Fri: Enter times.	Mon: Enter fee. Tues: Enter fee. Wed: Enter fee. Thu: Enter fee. Fri: Enter fee.	Total per week.	<input type="checkbox"/>	Please enter information.