

ANNEX A

For Childcare requirements between:

21 August 2024 – 20 December 2024 for PGDE Students

16 September 2024 to 20 December 2024 for all other

students Closing date for Annex A: 20 December 2024 at 5pm.



Student Name:	Student Registration Number:
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- This Annex MUST be completed by your childcare provider (both sides).
- If you have more than one childcare provider, you must get each provider to fill in a separate Annex A.
- **Payments for this period will not be made prior to commencing your course.**
- You will be notified in due course when you can apply for childcare costs for Semester 2

Childcare Provider, please provide the following information:

Name of Child/Children in your care:

Week Commencing	Cost per hour OR per session (Half day/full day)	Number of hours per session per week	Total Cost for week	Total cost for this period
<i>Starts 21 August</i>	£		£	£
26 August	£		£	
2 September	£		£	
9 September	£		£	
16 September	£		£	£
23 September	£		£	
30 September	£		£	
7 October	£		£	£
14 October	£		£	
21 October	£		£	
28 October	£		£	
4 November	£		£	£
11 November	£		£	
18 November	£		£	
25 November	£		£	
2 December	£		£	£
9 December	£		£	
16 December	£		£	

Management or Proprietor:

I confirm that the child/children noted above attend as detailed.

Name: _____

Signature: _____

Date: _____

Please ensure you have also signed the Declaration overleaf.

Childcare Provider Declaration:

- I confirm that I have agreed to provide childcare to the named child/children overleaf and I will advise you immediately of any change to this.
- Please tick to confirm Government Funding has been deducted from costs for any 3- or 4-year-old child. If not, please attach details as to why it has not been deducted: ☐
- I understand payment of the award will go to the student and it is their responsibility to pay me.

It would be helpful if you could keep a record of when the above child/ren are in your care and the cost of this care, as we will ask you for this information in the future.

Company Name:

Address:

Post Code:

Telephone Number:

Email Address:

My Care Inspectorate registration number is:

C

S

N

N

N

N

N

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N

N

N

Provide an official stamp in the space indicated.

If you do not have an official stamp, please provide a letter on headed paper confirming the company name and the child/ren in your care. Tick here if you have provided a letter instead:

Stamp

If you are a private childminder, tick here to confirm you have provided a letter confirming your name and the child/ren in your care: ☐

Please ensure that you have checked and signed the attendance information overleaf.

Manager or Proprietor's:

Name: _____

Signature: _____

Date: _____