ANNEX B

For Childcare requirements between:

8 January 2024 – 17 May 2024 for UG and PG Dip

8 January 2024 – 23 May 2024 for PGDE

8 January 2024 to 31 July 2024 for MSc students

Closing date for Annex B: 31 March 2024 at 5pm

\*MSc Students: 31 May 2024 at 5pm

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| **Student Name:**Click or tap here to enter text. | **Student Registration Number:**enter text. |

* 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 B.
* **Payments for this period will not be made prior to commencing your course.**

Childcare Provider, please provide the following information:

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| Name of Child/Children in your care: Click or tap here to enter text. |

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| **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** |
| **8 January** | **£** enter text. |  enter text. | **£**enter text. | **£**  text. |
| **15 January** | **£**enter text. | enter text. | **£** enter text. |
| **22 January** | **£** enter text. | enter text. | **£** enter text. |
| **29 January** | **£** enter text. | enter text. | **£** enter text. |
| **5 February** | **£** enter text. | enter text. | **£** enter text. | **£** enter text. |
| **12 February** | **£** enter text. | enter text. | **£** enter text. |
| **19 February** | **£** enter text. | enter text. | **£** enter text. |
| **26 February** | **£** enter text. | enter text. | **£** enter text. |
| **4 March** | **£** enter text. | enter text. | **£** enter text. | **£** enter text. |
| **11 March** | **£** enter text. | enter text. | **£** enter text. |
| **18 March** | **£** enter text. | enter text. | **£** enter text. |
| **25 March** | **£** enter text. | enter text. | **£** enter text. |
| **1 April** | **£** enter text. | enter text. | **£** enter text. | **£** enter text. |
| **8 April** | **£** enter text. | enter text. | **£** enter text. |
| **15 April** | **£** enter text. | enter text. | **£** enter text. |
| **22 April** | **£** enter text. | enter text. | **£** enter text. |
| **29 April** | **£** enter text. | enter text. | **£** enter text. |
| **6 May** | **£** enter text. | enter text. | **£** enter text. | **£** enter text. |
| **13 May** | **£** enter text. | enter text. | **£** enter text. |
| **Management or Proprietor:****I confirm that the child/children noted above attend as detailed.** **Name:** Click or tap here to enter text.**Signature:** Click or tap here to enter text. **Date:** Click or tap to enter a date.**Please ensure you have also signed the Declaration overleaf.** |

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| **For \*PGDE and MSc Students Only** |
| **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** |
| **20 May** | **£** enter text. | enter text. | **£** enter text. | **£** enter text. |
| **27 May** | **£** enter text. | enter text. | **£** enter text. |
| **3 June** | **£** enter text. | enter text. | **£** enter text. | **£** enter text. |
| **10 June** | **£** enter text. | enter text. | **£** enter text. |
| **17 June** | **£** enter text. | enter text. | **£** enter text. |
| **24 June** | **£** enter text. | enter text. | **£** enter text. |
| **1 July** | **£** enter text. | enter text. | **£** enter text. | **£** enter text. |
| **8 July** | **£** enter text. | enter text. | **£** enter text. |
| **15 July** | **£** enter text. | enter text. | **£** enter text. |
| **22 July** | **£** enter text. | enter text. | **£** enter text. |
| **29 July** | **£** enter text. | enter text. | **£** enter text. |

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| **Childcare Provider Declaration:*** **If you have previously completed an Annex A for this child/children for childcare costs for Semester 1 (during the period August/September to December), please confirm the amount paid to you during this period: £** Click or tap here to enter text.
* 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:** Click or tap here to enter text. |
| **Address:** Click or tap here to enter text. |
|  **Post Code** Click or tap here to enter text. |
| **Telephone Number:** Click or tap here to enter text. |
| **Email Address:** Click or tap here to enter text. |
| **My Care Inspectorate registration number is:** | C | S | Click or tap here to enter text.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:** Click or tap here to enter text.**Signature:** Click or tap here to enter text. **Date:** Click or tap to enter a date. |