

# SOMERSET COLLEGE

## APPLICATION FOR NURSERY/CHILDCARE FUND

2014/15

FOR BOTH FULL AND PART-TIME STUDENTS - COMPLETED BY THE STUDENT

Please complete **one** form per child

Please return the form with a **photocopy** of your child's birth certificate

Please complete the form in **black ink**

**Important: Funding is limited and therefore cannot be guaranteed**

### 1 Personal Details

Student's first name/s	<input type="text"/>	Student's surname	<input type="text"/>
Date of birth	<input type="text"/>	Please tick	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mr/Mrs/Miss/Ms/other	<input type="text"/>		
Home address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	Mobile telephone	<input type="text"/>
Home telephone	<input type="text"/>	Email address	<input type="text"/>

### 2 Course Details

Full title of course	<input type="text"/>				
Start date	<input type="text"/>	End date	<input type="text"/>		
Full or part-time?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Name of Tutor	<input type="text"/>		
Student ID number	<input type="text"/>				
How many days per week will you attend the College? <i>Please tick all applicable boxes</i>	Monday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	
	Tuesday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	
	Wednesday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	
	Thursday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	
	Friday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	

### 3 Child's Details

First name/s	<input type="text"/>	Surname	<input type="text"/>
Date of birth	<input type="text"/>	Please tick	<input type="checkbox"/> Male <input type="checkbox"/> Female

#### 4 Nursery/child care information

Name of childminder/nursery

Name of person to contact

Address of childminder/nursery

Postcode

Ofsted number  Telephone number of childminder/nursery

If your child is aged over three years, please provide evidence of the Nursery Education Funding and the amount you will receive.

Number of sessions childminder/nursery needed per week  
Please tick all applicable boxes

Monday	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>
Tuesday	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>
Wednesday	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>
Thursday	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>
Friday	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>

Cost per morning/afternoon session per day (include price of meals) £

Total cost per week £

#### 5 Student Declaration

I certify that the information given is, to the best of my knowledge and belief, correct. If I decide to withdraw from my course of study, I will inform the College immediately. I understand that to prevent and detect fraud it may be necessary for the College to share the information provided with other organisations.

I understand that this funding is for **term-time** only registered child care costs, on agreed days and based on attendance at College.

Your signature  Date

#### Office use only

Contact childcare organisation  Yes  No  Date

Cost per week  Number of weeks  Total cost

Expected price increase  Date

Evidence of Ofsted registration seen  Yes