



# Childcare Support Fund

For Students aged 20+  
Application Form 2024/25



Your application is not classified complete until the form is filled out with all information required, signed and the correct evidence is provided.

Please fill out all information that is relevant to you with an Asterix (\*) next to it.

## STUDENT DETAILS\*

Student No. (on your ID card)\*

First Name(s)\*

Surname\*

Date of birth\*   /   /      Age (on 31st Aug 2024)\*

\*Please note, if you are under 20 on 31st Aug 2024, you should apply for help from Care To Learn: [www.gov.uk/care-to-learn](http://www.gov.uk/care-to-learn)

Home Address\*   
Postcode

Phone No.

Email

## RESIDENCY STATUS\*

Please tick one of the following:

- British Citizen     EU/EEA Citizen     Leave To Remain     Refugee     Asylum Seeker

## COURSE DETAILS\*

Course Title

Campus  City     Hillsborough     Olive Grove     Fir Vale     Pennine 5     Subud

## ADVANCED LEARNER LOAN\*

Please note, this section is only relevant if you are studying on a Level 3-6 qualification (including Access to HE)

Have you successfully applied for an Advanced Learner Loan?     Yes     No

If yes, please send a copy of a letter from Student Finance England confirming your loan has been approved

## HOUSEHOLD SITUATION\*

Do you live with a partner? (if you have a partner, it is expected that they can look after the child, unless they are in employment, education or have a medical reason. We would require proof for any of the above options) \*

Yes ▶ Please complete details below

No

About your partner :

## HOUSEHOLD INCOME\*

Please provide an estimate of your annual income (including your partner if you have one)

Do you (or your partner if you have one) receive any of the following benefits?

Benefit		Evidence Required
Income Support	<input type="checkbox"/>	
Jobseekers Allowance (income-based)	<input type="checkbox"/>	Provide a photocopy of a <b>benefit letter (dated within the last 6 months)</b> which confirms your/their entitlement from: Jobcentre Plus The Pension Service Home Office
Employment & Support Allowance (income-related)	<input type="checkbox"/>	
Pension Credit (guaranteed element)	<input type="checkbox"/>	
NASS	<input type="checkbox"/>	
Universal Credit	<input type="checkbox"/>	
Housing Benefit	<input type="checkbox"/>	Provide a photocopy of a <b>letter from the Local Authority (dated from March 2024 onwards)</b> which confirms your/their entitlement
Council Tax Benefit	<input type="checkbox"/>	

Do you (or your partner if you have one) receive Working Tax Credit or Child Tax Credit?\*

Yes ▶ Provide a full copy of your **Tax Credits Award Notice for 2024/25** with this application

No ▶ Provide a copy of a **Child Benefit** entitlement letter (**dated within the last three months**) for the child(ren) included in this application

Are you in employment or self-employed?\*

Yes ▶ If employed, provide copies of your **last three months' payslips** with this application  
If self-employed, provide a copy of your **Self-Assessment return (Form SA302)** from HMRC

No

If you have a partner, are they employed or self-employed?\*

Yes ▶ If employed, provide copies of their **last three months payslips** with this application  
If self-employed, provide a copy of their **Self-Assessment return (Form SA302)** from HMRC

No ▶ Provide a reason why your partner cannot care for your child in 'Supporting Information' on page 3

How many hours a week does your partner work?

Less than 16 hours

16 hours or more

## SUPPORTING INFORMATION

Please use the space below to give any further information in support of your application.

For example, if you live with a partner and it would be unreasonable for them to look after your child(ren), please tell us:

## STUDENT DECLARATION

Please carefully read the following and sign/print your name in the boxes below. By signing, you confirm that you have read and understood the following statements:

- All the information on this form is—to the best of my knowledge—correct and true
- I confirm that I have parental responsibility for the children named on this form, and that my partner (if I have one) is not able to care for them while I attend college
- If I give incorrect or incomplete information, or if I withdraw from my course early, I may be liable to repay any amount paid to me or on my behalf
- It is my responsibility to immediately inform the Financial Support team of any changes to my circumstances that may effect my application
- All awards made from the Student Support Fund are conditional on my continued adherence to the College's ABC rules (Attendance, Behaviour and Completion of work). I am aware that support will be stopped if my attendance record is below 85%

### GDPR

The information we collect is used solely for the purpose of processing your application for the Student Support Fund. By submitting your application, you are agreeing that The Sheffield College can use, share and process this information. The college is fully compliant with the General Data Protection Regulations May 2018 and will hold your data safely and securely.

Generally the legal basis which we collect and use your personal information and parental/partner information, is processed as part of our public interest task of providing education to you and providing you with student support funding which is provided by the Government. We will keep your personal information and parental/partner information for students who do enrol, the college would keep the data in line with the enrolment data, which can be kept for up to 15 years plus the current year as required by the funding body.

We may share the personal information you give us with the following organisations (or types of organisation) for the following purposes.

Organisation / type of organisation:	Purpose:
Education & Skills Funding Agency and Department for Education	As part of a legal and contractual obligations to gain funding.
Local Authority	As part of our legal obligation under the Education Act 1996 section 507B for compulsory education for under 18 year olds
Nurseries	In order to provide a place to your child and to fund the child's place

The college would not normally share partner information unless requested by the Education and Skills Funding Agency. All applications are treated as confidential and will only be seen by the staff responsible for processing the applications, however it may be necessary to discuss your case with other college staff in order to process it correctly. We may need to discuss your application or award with people named in the form such as parents/guardians or partners to verify information.

I agree that my application can be processed and I understand the privacy statement and declarations set out above.

Student signature\*

Student name (print)\*

Today's date\*

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Section 2—To be completed by your Personal/Course Tutor

If you have a **Personal Tutor**, you must ask them to complete this form.

If you do not have a Personal Tutor, you must ask your **Course Tutor** to complete this section.

*Dear Tutor,*

*Thank you for taking the time to complete this form. As you will appreciate, the College must ensure that the public funds it distributes are done so properly. By completing this form, you will help the Financial Support team to ensure that appropriate support can be agreed quickly for our students.*

*If you need any advice on how to complete this form, please contact us via email [studentsupportfund@sheffcol.ac.uk](mailto:studentsupportfund@sheffcol.ac.uk).*

### ATTENDANCE PATTERN\*

Please enter start and finish times in the attendance pattern below to confirm when the applicant is due to **attend classes or compulsory placements** on your course. Be as exact as possible—**do not add extra time that is not specific to their course(s)** (e.g. we will allow for considerations such as travel time to college). Make sure you tell us when this timetable will commence.

	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time*					
Finish Time*					

Start date for above timetable\*  /  /

### COMPULSORY WORK PLACEMENT\*

Does the applicant need to undertake a compulsory work placement?

Yes  No

If Yes, is the placement to be undertaken on a purely voluntary basis?

Yes  No

Please clearly mark on the table above when the additional work placement sessions will take place each week

### TUTOR DECLARATION\*

- The details I have given above are—to the best of my knowledge—correct and true
- I will immediately inform [studentsupportfund@sheffcol.ac.uk](mailto:studentsupportfund@sheffcol.ac.uk) if I become aware that the applicant ceases to attend or is withdrawn from their learning programme
- I will immediately inform [studentsupportfund@sheffcol.ac.uk](mailto:studentsupportfund@sheffcol.ac.uk) if the learner's pattern of attendance at College or compulsory work placement details change from those mentioned in this section

Tutor Signature\*

Date\*

Name (print)\*

Contact No.\*

I am the applicant's: \*  Personal Tutor  Course Tutor

Additional sheets are available on request if needed.

**Note to student: Please be aware that Childcare Support is only available for the times stated in this Section, the childcare outlined in Section 3 will be cross-checked with the information provided by your tutor.**



## ATTENDANCE PATTERN/FEEES

This should be cross-checked against the Tutor's Declaration in Section 2. The College will only consider applications where the student is expected to be in class or on compulsory unpaid work placement.

**Free Early Learning (FEL) funding**—if a child is eligible for FEL funding this must be applied first to the cost of any childcare being claimed before the College will provide support for any additional sessions. Please include below all sessions covered by FEL alongside the costs of additional sessions (as applicable).

**Holiday periods**—please be aware that the College typically does not pay for holidays periods, we would expect the Applicant to have a **term-time only** contract/arrangement in place. If you would normally charge a retainer fee to all your parents for holiday periods, indicate this below.

Start date of childcare (DD/MM/YY)\*   /   /

Child 1	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
Finish Time					
Cost/day (Term-time)					
Cost/day (Holidays)					
Office Use					

Child 2	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
Finish Time					
Cost/day (Term-time)					
Cost/day (Holidays)					
Office Use					

Child 3	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
Finish Time					
Cost/day (Term-time)					
Cost/day (Holidays)					
Office Use					

Child 4	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
Finish Time					
Cost/day (Term-time)					
Cost/day (Holidays)					
Office Use					

## CHILDCARE PROVIDER'S DECLARATION\*

### I CONFIRM THAT:

- The details I have given in Section 3 of this form are—to the best of my knowledge—correct and true
- The details given by the Applicant in this form are—to the best of my knowledge—correct and true
- I have agreed to provide childcare for the children mentioned and for the sessions and costs given in Section 3
- The fees given in Section 3 are the same rates charged to other parents and are valid up to and including 31st July 2025
- I am registered with Ofsted specifically to provide childcare and have attached a photocopy of my certificate to this application or I am a school providing childcare in an out of school club and I have supplied details of the school's Unique Reference Number (URN)
- I am NOT receiving funding from any other source (e.g. Free Early Learning funding) for the costs being claimed from the College for any of the children in Section 3
- I will keep all personal information relating to the applicant and any children secure and not share/disclose/lose this information without written consent
- I comply with General Data Protection Regulations (May 2018) and keep all electronic and paper copies of personal data secure

### I UNDERSTAND THAT:

- This form is an application for support—and provides no guarantee that the application will be approved
- To the best of my knowledge, the applicant or their partner is/are not already receiving any other funding for the childcare that is being applied for in this scheme
- If my fees increase, the College will not necessarily agree to increase the amount of funding available
- That the College is not able to pay for childcare in advance and that all invoices for the 2024/25 academic year must be received by 31st July 2025 otherwise payment will not be made—**please see important note for childcare providers**

### I AGREE THAT:

- The Sheffield College and its agents may have access to my records for audit and evaluation purposes

### I UNDERTAKE TO INFORM THE COLLEGE

By email to **studentsupportfund@sheffcol.ac.uk** if any of the following circumstances arise:

- I am deregistered by Ofsted for any reason whatsoever
- I stop providing childcare for the child(ren) in Section 3

By email to **DPO@sheffcol.ac.uk** if:

- There is a breach in any of the data about the above applicant to **immediately** notify the College's Data Protection Office

Signed\*

Date

Name\*

Job Title\*

(Please keep a copy of Section 3 for your records)

## IMPORTANT NOTE FOR CHILDCARE PROVIDERS

Childcare will only be paid in arrears and once we have a valid invoice.

In the event of an application being successful, Childcare Providers will be sent a Confirmation of Support letter from the College.

Invoices should **NOT** be sent to the College unless you have received this letter.

## IMPORTANT NOTE FOR STUDENT

Please turn over to the back page and complete the checklist before handing in.

Please be aware that we are unable to accept incomplete application forms.

You will be sent an email to your student email address asking you to complete the application to include the information we are missing.

Please check your application before handing it in: \*

- Have you answered all questions that apply to you (pages 1-3)?
- Have you signed the form (page 3)?
- Have you enclosed **photocopies** of all the required evidence (page 2)?   
You can double check whether the evidence you are providing is correct,  
by looking at our website;  
<https://sites.google.com/sheffcol.ac.uk/student-support-fund/home>
- Has your **tutor** completed Section 2 of the form (Page 5)?
- Has your **childcare provider** completed Section 3 of the form (Pages 6, 7 & 8)?

What to do with your completed application form:

- Either hand your form in at **Student Central/Reception** at your local college campus
- Or post your form to:  
**Financial Support**  
**The Sheffield College**  
**Livesey Street**  
**Sheffield**  
**S6 2ET**
- Please ensure that you use the correct postage as it may cost more than a 1st class stamp (check at the Post Office if you are not sure about this)

**If you need any further information or help with making an application, please contact us:**

- ✉ Email us: [studentsupportfund@sheffcol.ac.uk](mailto:studentsupportfund@sheffcol.ac.uk)
- 📞 Call Financial Support on (0114) 260-2600
- 🌐 Visit our website: <https://sites.google.com/sheffcol.ac.uk/student-support-fund/home> or if you have a QR capable phone, you can scan the QR code below

