

Social Work Bursary Confirmation of childcare costs

Term 3: 6 May 2024 to 25 August 2024

Application guidance

General information

To make sure you are receiving the correct amount of Childcare Allowance, we need to know your actual costs for the above period.

You must:

- complete Part 1 of the enclosed form
- ask your childcare provider to complete Part 2 and Part 3 and confirm the weekly costs charged to you.

Do not include any costs covered by Free Early Education (where applicable).

If you have used more than one childcare provider during this period, separate forms should be completed **by each provider**.

We will not be able to release your next term's Childcare Allowance payment until we have received confirmation of this term's costs, so you should email your completed forms to swbccr@nhsbsa.nhs.uk as soon as possible.

If you have any queries regarding this request, you can contact us by calling 0300 330 1342 or emailing swbccr@nhsbsa.nhs.uk.

Part 1

Student name:

Personal reference number:

Preferred contact number*:

Email address*:

*In case of query

I declare that the information I have given on this form is a complete and accurate record of the childcare costs I have incurred for this period. I understand and accept that if I provide false or misleading information the Childcare Allowance I receive may be withdrawn.

I consent to NHSBSA Student Services contacting the childcare provider detailed on this form to verify the information provided.

I understand that I must retain all of my childcare receipts as these may be requested by NHSBSA Student Services at any point during my academic year for random sample checking. I understand and accept that if I do not provide these when asked, all of the Childcare Allowance paid to me for that period will be raised as an overpayment and I will have to repay it to NHSBSA Student Services. I understand that the administration of Social Work Bursary and the responsibility for counter fraud and security management in the NHS are both responsibilities of the NHS Business Services Authority.

NHSBSA Student Services may share the information on this form with the NHSBSA Loss and Fraud Prevention Team (LFP), Department of Health and Social Care (DHSC) and NHS Counter Fraud Authority (NHSCFA) for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS.

Signature	<input type="text"/>	Print name	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 2 - Confirmation of childcare costs

To be completed by the provider

Name(s) of the child or children being cared for															
Date from	Date to	Agreed Charges										Number of children	Official use only		
06/05/2024	12/05/2024	£													
13/05/2024	19/05/2024	£													
20/05/2024	26/05/2024	£													
27/05/2024	02/06/2024	£													
03/06/2024	09/06/2024	£													
10/06/2024	16/06/2024	£													
17/06/2024	23/06/2024	£													
24/06/2024	30/06/2024	£													
01/07/2024	07/07/2024	£													
08/07/2024	14/07/2024	£													
15/07/2024	21/07/2024	£													
22/07/2024	28/07/2024	£													
29/07/2024	04/08/2024	£													
05/08/2024	11/08/2024	£													
12/08/2024	18/08/2024	£													
19/08/2024	25/08/2024	£													
Total paid for this period:		£													

Part 3 - Childcare provider declaration

I declare that the information I have given on this form is complete and accurate. I confirm that I have agreed to provide childcare for the child named on this form and the payments charged for this period are correct.

I consent to Student Services contacting me to verify any of the information provided on this form and I agree to provide documentary evidence, if requested by Student Services, to confirm that the person named on this form has incurred the amounts stated overleaf.

I understand that NHSBSA Student Services may share the information on this form with the NHS Counter Fraud Authority (NHSCFA), the NHSBSA Fraud Team and the Department of Health and Social Care Anti-Fraud Team for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS, including Social Work Bursaries.

Name of childcare provider and organisation name (if different)

Signature

Print name

Date

--	--	--	--	--	--	--	--	--	--

Childcare provider official stamp - attach letterhead or compliments slip if no stamp.