

# Bradford College

## Childcare support 2022-2023

### Student Details (to be completed by student)

Name:	<input type="text"/>																											
College ID No:	<input type="text"/>								Mobile No:	<input type="text"/>				<input type="text"/>														
									Home No:	<input type="text"/>				<input type="text"/>														
Email:	<input type="text"/>																											

### Childcare Provider Details (to be completed by the childcare provider)

Name:	<input type="text"/>																														
Address:	<input type="text"/>																														
	<input type="text"/>																														
	<input type="text"/>																Postcode:	<input type="text"/>													
Tel No:	<input type="text"/>				<input type="text"/>																										
Mobile No:	<input type="text"/>				<input type="text"/>																										
Email:	<input type="text"/>																														
	<input type="text"/>																														
OFSTED Registration Number:	<input type="text"/>																														
<i>Have you registered with Bradford College FE Student Funding for the 2022/2023 academic year and provided your bank details?</i>																												Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

#### NOTES:

- **If Early Education/Childcare Funding is received for any child please provide details. We expect parents to use these hours whilst they are engaging with essential learning activities/essential course placements.**
- Days per week, please **only** provide the days the student is engaging with essential learning activities/essential course placements.
- **Please provide actual weekly costs, not averaged monthly figures.**
- Charges must not include any payments for registration/deposits/snacks/meals as the Learner Support Fund **will not** cover these. These charges are the responsibility of the parent.
- If the charges change during the academic year (Sept-June) i.e. increase in charges when Early Education/Childcare Funding is not available (e.g. out of term-time), annual price increase, please provide details.

Childs name:

DOB:    Date charges apply from:    Date charges apply to:

Standard weekly childcare charges: £  Weekly childcare charges after Early Education/Childcare Funding deducted: £

Daily sessions attending (i.e. AM, PM or both)

Monday		Tuesday		Wednesday		Thursday		Friday		Term-Time Only Yes/No
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	

Reason no Early Education/Childcare Funding available? .....

Reason for change in charges during academic year? .....

Childs name:

DOB:    Date charges apply from:    Date charges apply to:

Standard weekly childcare charges: £  Weekly childcare charges after Early Education/Childcare Funding deducted: £

Daily sessions attending (i.e. AM, PM or both)

Monday		Tuesday		Wednesday		Thursday		Friday		Term-Time Only Yes/No
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	

Reason no Early Education/Childcare Funding available? .....

Reason for change in charges during academic year? .....

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Reason no Early Education/Childcare Funding available? .....

Reason for change in charges during academic year? .....

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Timetable Confirmation**

**Student Details (to be completed by student)**

Name:																														
College ID No:							Mobile No:																							
							Home No:																							
Email:																														

**Tutor and Course Details (to be completed by course tutor for each course enrolled)**

Course title:																															
Full-time:	<input type="checkbox"/>	Part-time:	<input type="checkbox"/>	Start Date:					End Date:																						
Location:																															
<b>Essential learning activity:</b>																															
	Monday	Tuesday	Wednesday	Thursday	Friday																										
Session starts at																															
Session ends at																															
Is the student required to attend a work placement? If YES please confirm below when the placement(s) will start and finish, the location and the number of days per week.																															
Start Date:					End Date:					No. of Days per Week:	<input type="checkbox"/>																				
Location:																															
Start Date:					End Date:					No. of Days per Week:	<input type="checkbox"/>																				
Location:																															
Tutor's Name:																									Ext No:						
Tutor's Signature:																															

Course title:																															
Full-time:	<input type="checkbox"/>	Part-time:	<input type="checkbox"/>	Start Date:					End Date:																						
Location:																															
<b>Essential learning activity:</b>																															
	Monday	Tuesday	Wednesday	Thursday	Friday																										
Session starts at																															
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Is the student required to attend a work placement? If YES please confirm below when the placement(s) will start and finish, the location and the number of days per week.																															
Start Date:					End Date:					No. of Days per Week:	<input type="checkbox"/>																				
Location:																															
Start Date:					End Date:					No. of Days per Week:	<input type="checkbox"/>																				
Location:																															
Tutor's Name:																									Ext No:						

Tutor's Signature: \_\_\_\_\_

Course title:

Full-time:  Part-time:  Start Date:  End Date:

Location:

**Essential learning activity:**

	Monday	Tuesday	Wednesday	Thursday	Friday
Session starts at					
Session ends at					

Is the student required to attend a work placement? If YES please confirm below when the placement(s) will start and finish, the location and the number of days per week.

Start Date:  End Date:  No. of Days per Week:

Location: \_\_\_\_\_

Start Date:  End Date:  No. of Days per Week:

Location: \_\_\_\_\_

Tutor's Name: \_\_\_\_\_ Ext No: \_\_\_\_\_

Tutor's Signature: \_\_\_\_\_

Course title:

Full-time:  Part-time:  Start Date:  End Date:

Location:

**Essential learning activity:**

	Monday	Tuesday	Wednesday	Thursday	Friday
Session starts at					
Session ends at					

Is the student required to attend a work placement? If YES please confirm below when the placement(s) will start and finish, the location and the number of days per week.

Start Date:  End Date:  No. of Days per Week:

Location: \_\_\_\_\_

Start Date:  End Date:  No. of Days per Week:

Location: \_\_\_\_\_

Tutor's Name: \_\_\_\_\_ Ext No: \_\_\_\_\_

Tutor's Signature: \_\_\_\_\_