

## CHILDCARE ALLOWANCE – FORM CC3

### Change of Circumstances - Provider and/or Estimates

This form needs to be completed if there is a change to or an additional provider/s during the award period.

If your weekly childcare costs during the rest of your university or college terms and holidays are likely to be different from the estimates you stated originally on your application Form CC1, please provide your new weekly childcare estimates below. You need to include any weeks or periods you will not pay for childcare. If necessary, please continue in the space provided at the end of the form.

If you change or have an additional provider you will need to provide their details so they can be checked for registration with Ofsted/CIW whichever applies.

#### Student's Details

Your <b>surname</b> (in full)	
Your <b>first names</b> (in full)	Title
Previous names (including maiden name)	
Date of birth ___ / ___ / _____	
Your marital status - Single / Married /living with partner / Civil partner / Divorced / Separated / Widowed (delete as appropriate). <b>(See guidance Note 1)</b> .	
Your full current <b>home</b> address	
E-mail address	
Contact telephone number	
Student reference number <b>SAS</b> _____ (office use only)	
University	

**Section 1: Estimated childcare costs - to be completed by the student (See guidance Notes 3 & 4)**

Please complete the table on page 4/5 to show changes in your childcare estimates you expect to incur for each individual week from the date of the change for which you require a change of circumstances. You must specify how many children you require childcare for. It is important that you include any weeks where no childcare costs will be incurred by entering 0.00 against the appropriate week number under 'Estimated weekly childcare costs'. Any weeks left blank will be assumed to have no estimate for that week.

What is the change ?      Provider       Costs       Both

Is the provider a relative to the child/children that care is being provided for?

Yes       No

**Please don't include any Early Years funding in the costs you enter below. (See guidance Note: 5)**

**Please return to the Pontypool address along with a cover sheet** which you obtain from your online BOSS account. **If you do not send the cover sheet we will not be able to process the form.**

**DST-NWSSP  
Cwmbran House  
Mamhilad Park Estate  
Pontypool  
NP4 0XS**

Please ensure that you have your envelope weighed at a post office, write your name and address on the back of the envelope to avoid your mail going astray and ensure that you affix correct postage before posting. Student Awards Services will not be responsible for the loss of any original documents. Please note that childcare allowance cannot be claimed in arrears. If at the time of completing your form you are unable to provide one or more of the documents listed above you should confirm this in writing and not withhold your form.

Since 25th May 2018, the way we inform you how we use your information has changed. The Data Protection Act 1998 has been superseded by the General Data Protection Regulation. As part of this, the NHS Wales Shared Services Partnership, has drafted a Privacy Notice that will explain how we process, use, share or store your information for the purposes of Student Award administration. You can find out more by visiting

<http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/NWSSP%20Student%20Awards%20Privacy%20Notice.pdf>

If you wish to receive a paper copy of this notice, then please contact:

NHS Wales Student Awards  
Floor 4  
Companies House  
Crown Way  
Cardiff  
CF14 3UB  
029 2090 5380

[Abm.sas@wales.nhs.uk](mailto:Abm.sas@wales.nhs.uk)

Week Commencing	Estimated costs for 1st child.  Name:	Estimated costs for 2nd child.  Name:	Estimated costs for 3rd child.  Name:	Estimated costs for 4th child.  Name:
	£	£	£	£
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	£	£	£	£
	£	£	£	£
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**Section 2: Verification of childcare costs - all childcare providers must complete all of this section and sign the declaration on the next page.**

Are the estimated childcare costs provided accurate? Yes  No

**If 'NO' please do not sign this form. Please ask the student to complete another form with the correct costs that you are happy to sign.**

Are you related to the child/children that care is being provided for? Yes  No

If yes – state the relationship to the child/children

Your name

Organisation name

Your address or address of organisation   
  
  
  
 Postcode

Email address

Telephone number

Mobile number

CIW/Ofsted registration number or equivalent

Date of registration  /  /

Registration lasts from  /  /  to  /  /

I am registered with

Name(s) of children	Date of birth(s)

**Please sign the childcare provider declaration on the next page.**

**Childcare provider declaration - to be signed by the childcare provider.**

Please ensure that before you sign this declaration you have checked that the charges declared on the estimated costs table on Page 4/5 are as accurate as possible and you have completed section 2 of the form.

I declare that the information I have given on this form and in any supporting documents is complete and accurate.

I declare that I am registered with the Care Inspectorate Wales (CIW) or Office for Standards in Education (OFSTED) as a childminder or provider of day care within the meaning of the Children Act 1989 (b) or approved by an accredited organization for children 8 and over under the Tax Credit (New Category of Childcare Provider) Regulations 1999 (a).

I confirm that I have agreed to provide childcare for the child/children named in section 2 of this form at the cost(s) that are quoted. I agree to provide Student Awards Services with documentary evidence upon request to confirm that the person named at section 1 of this form has met the costs for childcare in respect of the child/children named at section 2 of this form.

The costs do not include payments received for any period(s) where the child/children are entitled to free early year education.

I understand and accept that if I provide false or misleading information, I may be liable to prosecution and/or civil proceedings.

I consent to Student Award Services contacting me for the purposes of verification of information provided on this form.

I understand that the administration of NHS Student Bursaries and responsibility for counter fraud and security management in the NHS are both responsibilities of the NHS Wales Shared Services Partnership.

I understand that Student Awards Services may share the information on this form with the NHS Counter Fraud and Security Management Service for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS.

**Name**

**Signature**

**Date**