



1. One pro forma per child and provider; attach each one separately to your application email.
2. Manager/proprietor of childcare provider must complete pro forma
3. Awards paid direct to student, in arrears. Student is responsible for paying childcare provider and meeting any remaining costs.
4. Any changes to childcare must be reported to the Financial Aid Team immediately.
5. Costs will be verified in liaison with childcare providers and fraudulent claims reported.
6. We can only help with childcare costs during study time i.e. not during working hours.
7. We will correspond with childcare providers; please ensure contact information is provided.

Student Name:	GUID:
Name of Child:	
Name of Childcare Provider:	
Address:	
Email:	Phone Number :
Childcare Registration Number: CS	

Please list amount payable by the student *after* any subsidies or local authority funding.
Please list £0 total cost for weeks with no childcare or when provider is closed.

SEMESTER 1							
Week Beginning	Cost Per Session	Sessions Per Week	Total Weekly Cost	Week Beginning	Cost Per Session	Sessions Per Week	Total Weekly Cost
21 August				23 October			
28 August				30 October			
4 September				6 November			
11 September				13 November			
18 September				20 November			
25 September				27 November			
2 October				4 December			
9 October				11 December			
16 October				18 December			

SEMESTER 2							
Week Beginning	Cost Per Session	Sessions Per Week	Total Weekly Cost	Week Beginning	Cost Per Session	Sessions Per Week	Total Weekly Cost
25 December				11 March			
1 January				18 March			
8 January				25 March			
15 January				1 April			
22 January				8 April			
29 January				15 April			
5 February				22 April			
12 February				29 April			
19 February				6 May			
26 February				13 May			
4 March				20 May			
LONGER TERM AND POSTGRADUATE COURSES ONLY							
27 May				15 July			
3 Jun				22 July			
10 June				29 July			
17 June				5 August			
24 June				12 August			
1 July				19 August			
8 July				26 August			
<i>I confirm that I am the manager/proprietor and all information provided is accurate.</i>							
Name:				Position:			
Signed:				Date:			
<p><i>Please provide an official stamp or letter on headed paper confirming provider name, address, registration number and details of child(ren) in your care.</i></p> <p><i>If letter is provided, this should be appended to pro forma and uploaded by the student.</i></p>				Official Stamp:			