

## GLASGOW CALEDONIAN UNIVERSITY CARER/NURSERY FORM

This form is only valid if submitted as part of the completed Discretionary Fund Form  
*Academic Year 2020-21*

**SECTION A - MUST BE COMPLETED BY CARER/NURSERY**  
**COMPLETION OF THIS SECTION BY THE STUDENT WILL RENDER THE APPLICATION INVALID**

Name & Address of Carer/Nursery \_\_\_\_\_

Name of Manager \_\_\_\_\_ Tel No \_\_\_\_\_

Are you a Registered Childcare Provider? Yes No If yes, Registration No. \_\_\_\_\_

Please provide a copy of your registration certificate.

**Unregistered Carers MUST submit proof of Address** (e.g. household bill) with this form.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Start date of childcare \_\_\_\_\_ for this academic trimester

<i>Child's Name</i>			<i>Child's Name</i>		
	<i>Time (from – to)</i>	<i>No. Hours</i>		<i>Time (from – to)</i>	<i>No. Hours</i>
<i>Monday</i>			<i>Monday</i>		
<i>Tuesday</i>			<i>Tuesday</i>		
<i>Wednesday</i>			<i>Wednesday</i>		
<i>Thursday</i>			<i>Thursday</i>		
<i>Friday</i>			<i>Friday</i>		
	<i>No. of Hrs per week</i>			<i>No. of Hrs per week</i>	
	<i>Cost per hour</i> £			<i>Cost per hour</i> £	
	<i>Weekly Cost</i> £			<i>Weekly Cost</i> £	
				<i>Total Weekly Cost</i> £	

*If more than 2 children, please continue on separate sheet.*

**Trimester Cost = 15 weeks**

<b>Total Weekly cost x 15</b>	<b>A</b>	<b>£</b>
<b>Local Council or other contributory funding x 15</b>	<b>B</b>	<b>£</b>
<b>Balance</b>	<b>A minus B</b>	<b>£</b>

**Verification of costs to be completed by Carer/Manager**

**I certify that the details and costs given above are correct and the information written in Section A has been completed by the Nursery/Carer provider. I understand that Glasgow Caledonian University (GCU) will check the validity of the above information and will contact me to confirm attendance of child(ren). I agree that I am bound to inform GCU of any changes made to the childcare arrangements I have detailed on this form. GCU is the Data Controller for this information. Further information on how personal data is used can be found at <https://www.gcu.ac.uk/student/feesandfunding/privacynotice/>**

Name (Print) \_\_\_\_\_

I understand and agree to the above  (tick)

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

**SECTION B - TO BE COMPLETED BY STUDENT**

Name of Student: \_\_\_\_\_

Student ID No: \_\_\_\_\_

Course: \_\_\_\_\_ Year: \_\_\_\_\_

Tel. No: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Details of part-time employment: If variable, please give details of average shifts

Day	Shift times	
	Start time	Finish time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

I certify that the information overleaf is true and accurate, and I understand that a **Funding Adviser will check the validity of this information and will contact the Childcare Provider to confirm attendance of my child(ren).** I confirm that should my childcare arrangements change, I will inform the Funding Team and I accept that I will be liable to repay to the University any overpayments made in connection to such changes of circumstances.

*Signed* \_\_\_\_\_ *Date* \_\_\_\_\_

**Please note:**

- **Childcare subsidy only covers a maximum of 15 weeks for Trimester 1 and 2 each. It does not cover holidays or any meals provided for the child or childcare transport costs.**
- **Any subsequent applications e.g. Trimester 2, can only be considered if submitted along with receipt/letter from Carer confirming payment for Trimester 1**
- **Only days timetabled to attend GCU or placement will be considered for an award from the Childcare fund.**