

## GLASGOW CALEDONIAN UNIVERSITY CARER/NURSERY FORM

This form is only valid if submitted through the Student Portal as part of a completed  
Childcare Fund Application.

**Academic Year 2026-27**

**Part 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 \_\_\_\_\_

Registration No. \_\_\_\_\_

Please provide a copy of your registration certificate.

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

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

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

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

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

**Total for Trimester (14 weeks)**

|                                    |          |   |
|------------------------------------|----------|---|
| Total Weekly cost x 14 weeks       | <b>A</b> | £ |
| Local Authority Funding x 14 weeks | <b>B</b> | £ |
| Balance A minus balance 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 Part 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/currentstudents/fundingandfinance/privacynotice>

Name (Print) \_\_\_\_\_ I understand and agree to the above ☐ (tick)

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

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

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

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

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

Tel. No: \_\_\_\_\_

Details of part-time employment **ONLY** not placement hours/shifts: 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 given 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 awards only cover the relevant teaching weeks for Trimester A and B each. It does not cover holidays or any meals provided for the child or childcare transport costs.
- Any subsequent applications e.g. Trimester B, can only be considered if submitted along with **receipt/letter from Carer confirming payment for Trimester A**
- Only days timetabled to attend GCU, or placement will be considered for an award from the Childcare fund.