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		
	No. of Hrs. per week			**No. of Hrs. per week**	
	Cost per hour	£		**Cost per hour**	£
	Weekly Cost	£		**Weekly Cost**	£
	Total Weekly Cost	£		**Total Weekly Cost**	£

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

Total for Trimester (15 weeks)

Total Weekly cost x 15 weeks	**A**	**£**
Local Authority Funding x 15 weeks	**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.**