



APPLICATION FOR FINANCIAL SUPPORT: CHILDCARE 2024/25

Newcastle and Stafford Colleges Group (NSCG) operates a strict confidentiality policy and your details will be kept secure.

Please ensure you complete all of the fields below.

STUDENT NAME & DETAILS

FIRST NAME(s)

SURNAME

DATE OF BIRTH

DAY MONTH YEAR

I AM STUDYING AT

NEWCASTLE COLLEGE

STAFFORD COLLEGE

DETAILS OF CHILDCARE PROVIDER

NAME

ADDRESS

CONTACT TELEPHONE NUMBER

PROVIDER EMAIL ADDRESS

OFSTED REGISTRATION NUMBER

PLEASE USE THE FOLLOWING CODES TO COMPLETE THE BELOW BOXES:

F: FULL DAY H: HALF DAY B: BEFORE SCHOOL A: AFTER SCHOOL

BA: BEFORE AND AFTER SCHOOL

DETAILS OF CHILDREN: CHILD 1

FULL NAME

DATE OF BIRTH

IS YOUR CHILD ELIGIBLE FOR FREE EARLY EDUCATION FUNDING?

YES NO

DAYS/SESSIONS IN ATTENDANCE

MON TUES WED THURS FRI

DETAILS OF CHILDREN: CHILD 2

FULL NAME

DATE OF BIRTH

IS YOUR CHILD ELIGIBLE FOR FREE EARLY EDUCATION FUNDING?

YES NO

DAYS/SESSIONS IN ATTENDANCE

MON TUES WED THURS FRI

DETAILS OF CHILDREN: CHILD 3

FULL NAME

DATE OF BIRTH

IS YOUR CHILD ELIGIBLE FOR FREE EARLY EDUCATION FUNDING?

YES NO

DAYS/SESSIONS IN ATTENDANCE

MON TUES WED THURS FRI

DECLARATION

- I have read and agree to the guidance issued with this application form
- All information provided on this application form is correct to the best of my knowledge
- I am happy for NSCG to contact my childcare provider and discuss my application

Please sign and date below and return the form to the Student Finance Team via email to studentfinanceteam@nscg.ac.uk or in person to Student Services. Please save for your own records.

SIGNATURE

DATE