

**NHSBSA Student Services**

Hesketh House  
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Fleetwood  
FY7 9AS

Tel: 0300 330 1342

Email: [nhsbsa.swbteam@nhs.net](mailto:nhsbsa.swbteam@nhs.net)

Website: [www.nhsbsa.nhs.uk/social-work-students](http://www.nhsbsa.nhs.uk/social-work-students)

Dear student,

**Social Work Bursary – Confirmation of childcare costs  
Term 1: 29 August 2022 to 25 December 2022**

In order to ensure you are receiving the correct amount of Childcare Allowance, we need to know your actual costs for the above period.

You must complete Part 1 of the enclosed form and ask your childcare provider to confirm the weekly costs charged to you by completing parts 2 and 3. **Do not include any costs covered by Free Early Education** (where applicable).

If you have used more than one childcare provider during this period, separate forms should be completed **by each provider**.

We will not be able to release your next term's Childcare Allowance payment until we have received confirmation of this term's costs, so you should email your completed forms to [nhsbsa.SWBCCR@nhs.net](mailto:nhsbsa.SWBCCR@nhs.net) as soon as possible.

If you have any queries regarding this request, you can contact us using the details shown above.

Yours sincerely

NHSBSA Student Services

**Part 1**

Student name:

Personal reference number:

Preferred contact number\*:

Email address\*:

\*In case of query

I declare that the information I have given on this form is a complete and accurate record of the childcare costs I have incurred for this period. I understand and accept that if I provide false or misleading information the Childcare Allowance I receive may be withdrawn.

I consent to NHSBSA Student Services contacting the childcare provider detailed on this form to verify the information provided.

I understand that I must retain all of my childcare receipts as these may be requested by NSBSA Student Services at any point during my academic year for random sample checking. I understand and accept that if I do not provide these when asked, all of the Childcare Allowance paid to me for that period will be raised as an overpayment and I will have to repay it to NHSBSA Student Services.

I understand that:  
the administration of Social Work Bursary and the responsibility for counter fraud and security management in the NHS are both responsibilities of the NHS Business Services Authority.

NHSBSA Student Services may share the information on this form with the NHSBSA Loss and Fraud Prevention Team (LFP), Department of Health and Social Care (DHSC) and NHS Counter Fraud Authority (NHSCFA) for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS.

Signature  Print name

Date

## Part 2 - Confirmation of childcare costs

To be completed by the provider

Name(s) of the child or children being cared for																	
Date from	Date to	Amount charged										Number of children	Official use only				
29/08/2022	04/09/2022	£										.					
05/09/2022	11/09/2022	£										.					
12/09/2022	18/09/2022	£										.					
19/09/2022	25/09/2022	£										.					
26/09/2022	02/10/2022	£										.					
03/10/2022	09/10/2022	£										.					
10/10/2022	16/10/2022	£										.					
17/10/2022	23/10/2022	£										.					
24/10/2022	30/10/2022	£										.					
31/10/2022	06/11/2022	£										.					
07/11/2022	13/11/2022	£										.					
14/11/2022	20/11/2022	£										.					
21/11/2022	27/11/2022	£										.					
28/11/2022	04/12/2022	£										.					
05/12/2022	11/12/2022	£										.					
12/12/2022	18/12/2022	£										.					
19/12/2022	25/12/2022	£										.					
<b>Total paid for this period:</b>		£										.					

### Part 3 - Childcare provider declaration

I declare that the information I have given on this form is complete and accurate.  
I confirm that I have agreed to provide childcare for the child named on this form and the payments charged for this period are correct.

I consent to Student Services contacting me to verify any of the information provided on this form and I agree to provide documentary evidence, if requested by Student Services, to confirm that the person named on this form has incurred the amounts stated overleaf.

I understand that NHSBSA Student Services may share the information on this form with the NHS Counter Fraud Authority (NHSCFA), the NHSBSA Fraud Team and the Department of Health and Social Care Anti-Fraud Team for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS, including Social Work Bursaries.

Name of childcare provider and organisation name (if different)

Signature

Print name

Date

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Childcare provider official stamp - attach letterhead or compliments slip if no stamp