

NHS Bursary: Childcare Allowance application

Application completion notes

Introduction

You are eligible to apply for Childcare Allowance if you;

- are in receipt of an NHS Bursary ('including a non income assessed grant and/or maintenance award);
- have dependent children under 15 on the first day of the academic year (or under 17 on that date if they are currently registered with special educational needs); and
- are receiving care from an Ofsted-registered childcare provider (or the equivalent, where applicable).

Further information about the NHS Bursary Childcare Allowance can be found on our website - www.nhsbsa.nhs.uk/CCA.

Completing the application

Your childcare provider(s) must complete part 5 and sign the childcare declaration at part 6.

If you have more than one childcare provider you need to submit a separate part 5 and 6 for each childcare provider you use.

Do not include any costs covered by free early education and childcare schemes administered by your Local Authority.

Submitting your application form and supporting evidence

Check through the form to ensure all sections are completed and read the declaration carefully before signing it. You should then upload your completed form to your NHS Bursary account.

We are unable to accept forms submitted by email.

NHS Bursary: Childcare Allowance application

1. Your details

Student reference number

This is the number you were assigned when you registered on the for an NHS Bursary account.

Surname or family name

First name

Date of birth / /

Address

Contact telephone number

Email

Do you have a partner who is in receipt of a Childcare Allowance from the NHS Bursary, or a childcare grant from any other funding body?

No go to part 2

Yes we may need to contact you about this

Does this form replace any previous applications or is it additional to a current claim?

No, this is a new application

Yes - replacing previous claim Yes - this is an additional claim

Are you applying for more than one childcare provider?

Yes (Complete a form for each provider)

No

Are you applying for more than one child?

Yes

No

2. Other help with childcare costs

To be completed by all students.

Do you, your spouse, civil partner or partner receive or expect to receive the childcare element of Working Tax or Universal Credit or Tax Free Childcare during the academic year for which you are making an application?

Yes - do not continue with this application - you will not be eligible for Childcare Allowance

No - please upload your most recent Working Tax or Universal Credit letter or statement if you are in receipt of either of these.

3. Estimated childcare costs in academic year 2024/25

To be completed by the student.

Make sure a separate form is completed by each childcare provider if you use more than one.

Complete the table below to show the childcare costs you expect to incur in each individual week throughout the academic year. You must specify how many children you require care for. **You should not include any free early years sessions in this table.**

It is important that you include any weeks where no childcare costs will be incurred by entering 0.00 under 'Total charges made'.

Name of provider

Name of child or children

Complete the table below with details of the expected weeks and estimated costs of your childcare for the 2024/25 academic year. Any rows left blank will be assumed to have no expected charge.

Week commencing	No. of children	Total charges made	
		£	p

Continue over page

4. Student declaration

I declare that I have read and understood the application instructions in full.

I declare that the childcare costs I have claimed for are not covered by free early education and childcare scheme.

I declare that neither I, nor my spouse/civil partner/partner receives the tax-free childcare or element of Working Tax credit or Universal Credit from HM Revenue and Customs.

I will inform NHSBSA Student Services immediately of any change in circumstances that might affect my entitlement to financial support or NHSBSA Student Services records relating to me, including but not limited to:

- withdrawing, suspending, deferring or interrupting the course temporarily or permanently for any reason, regardless of whether I intend to return
- changing my study pattern from full-time to part-time, or vice versa
- taking a year or term out from study
- changing the account I want my payments made to
- changing address
- gaining support for childcare costs from a publicly funded body or an employer.

I accept that NHSBSA Student Services will immediately terminate or suspend my funding if:

- I withdraw, suspend, defer or interrupt the course temporarily or permanently for any reason, regardless of whether I intend to return
- I take a year or term out from study
- NHSBSA Student Services determines as its absolute discretion that it is reasonable for it to do so
- I gain support for childcare costs from a publicly funded body or an employer
- I use a childcare provider that is not registered with Ofsted, where this is a requirement.
- NHSBSA Student Services at its absolute discretion determines that I am no longer entitled to financial support.

I will pay back to NHSBSA Student Services, within 30 days of receiving notification, any excess payment, fees and any other charges, in the event of the following circumstances:

- changing my study pattern from full-time to part-time
- withdrawing, suspending, deferring or interrupting the course temporarily or permanently for any reason, regardless of whether I intend to return
- taking a year or term out from study
- being overpaid because I have failed to inform NHSBSA Student Services of a change in my circumstances
- a NHSBSA Student Services administrative error
- where NHSBSA Student Services at its absolute discretion determines I have been given financial support to which I am not entitled
- I gain support for childcare costs from a publicly funded body or my employer.

Should I fail to make full repayment of any amount due or agree an acceptable repayment plan with NHSBSA Student Services, the debt may be passed to a debt collection agency. I agree that I will be charged for any additional recovery costs at the rate of 8% which will be added to the balance outstanding on referral.

I declare that the information given on this form and in any receipts and supporting documents provided is complete and accurate. I understand and accept that if I provide false or misleading information, financial support may be refused or withdrawn and I may be liable to prosecution and/or civil proceedings.

I consent to NHSBSA Student Services contacting the childcare provider(s) detailed in section 4 of this form for the purposes of verification of information provided on this form.

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

I understand that NHSBSA Student Services may share the information on this form with the NHS Counter Fraud Agency (NHSCFA) for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting NHS Bursaries.

Full name

Signature

Date

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You now need to pass this form to your childcare provider for them to complete Sections 5 and 6.

If you use more than one childcare provider please ask each one to complete a new form.

Student Services privacy notice

The NHS Business Services Authority (NHSBSA) is responsible for this service.

What information we process

We may process the following information in relation to student services:

- demographic data such as your name, age and address
- education information such as the course and university you attended
- financial details such as student bursary information and where applicable, debt recovery

Why we process your information

We will use the information you provide to:

- assess your application
- pay you
- detect and prevent fraud and mistakes
- analyse general trends to support more effective planning of NHS services
- research the effectiveness of the NHS Bursary
- check your claim for help with NHS charges under the NHS Low Income Scheme
- recover money from you where this is owed to NHSBSA

By law, we must process this information on behalf of the Department of Health and Social Care (DHSC).

Sharing your personal information

To prevent, detect and investigate fraud and errors, we may share your information with:

- Student Loans Company
- HM Revenue and Customs
- higher education institutions
- the Home Office
- organisations from which you receive benefits, bursaries, grants or support
- bodies performing functions on behalf of the above organisations

We may share information with the DHSC to investigate and prosecute fraud, or any other unlawful activity affecting the NHS.

We may share information with the Cabinet Office in relation to the National Fraud Initiative.

Information may also be shared with the DHSC to:

- monitor compliance with equality law
- research the effectiveness of the Training Grant

If you owe NHSBSA money in relation to Student Services, we may share your information with our debt recovery partners, TDX Group, who collect the debt on our behalf.

Your information will not be transferred outside the UK or European Economic Area.

Keeping your personal information

We will delete incomplete or rejected applications one academic year after it was received.

All data for successful applications will be deleted no later than seven years after your course finishes.

Any information in relation to debt collection will be retained for no longer than seven years from the date of the last payment we made to you.

Your rights

The information you provided will be managed as required by Data Protection law.

You have the right to:

- receive a copy of the information the NHSBSA hold about you
- request your information be changed if you believe it was not correct at the time you provided it

From 25 May 2018, you have the right to:

- request that your information be deleted if you believe we are keeping it for longer than necessary

Find out more about [your rights and how we process information](#).

5. Verification of childcare costs

To the childcare provider: please complete all of this section and sign the declaration on the next page.

Name of provider

Name of children

Are the children you are providing childcare for related to you **(the childcare provider)** in any way?

Yes If YES please state your relationship to the child(ren).

No

Your name

Organisation name

Your address or address of organisation

Contact number

Email

Ofsted registration number or equivalent

Date of registration / /

Registration lasts from to

I am registered with

Name(s) of child/children	Date of birth(s)

6. Childcare provider declaration

Name of provider

Name of child or children

Before you sign the declaration below, please ensure that you have checked that the charges declared in the estimated costs table in part 3 are as accurate as possible.

I declare that the information given on this form and in any supporting documents is complete and accurate.

- I declare that I am registered with Ofsted (or its equivalent if based outside England) as a childminder or childcare provider for the child(ren) named at part 3 of this form, of day or out of hours school care within the meaning of the Childcare Act 2006, or I can confirm that the childcare detailed on this form is provided by an out-of-school club run on school premises by a school or a local authority or by a third-party provider who is registered with OFSTED or an equivalent body; or it is provided by a Local Authority;
- or it is provided in the child's own home by a domiciliary care worker or nurse from an agency "registered" with the Care Quality Commission under the Health and Social Care Act 2008 and who is expected to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009 as appropriate;
- or I am an approved foster carer providing childcare for a child or children I do not normally foster and I am registered with OFSTED (or an equivalent body), on either the Early Years Register or the General Childcare Register.

I confirm that I have agreed to provide childcare for the child(ren) named at part 3 of this form at the cost(s) that are quoted. I agree to provide the NHS Business Services Authority (NHSBSA) with documentary evidence upon request to confirm that the person named at part 1 of this form has met the costs for childcare in respect of the child(ren) named at part 3 of this form.

I confirm and accept that if I provide false or misleading information, I may be liable to prosecution and/or civil proceedings.

I consent to the NHSBSA contacting the person named at part 1 of this form for the purposes of verification of information provided on this form.

I understand that the administration of the NHS Bursary and responsibility for counter fraud and security management are both the responsibilities of the NHSBSA. I understand that the NHSBSA may share the information on this form with NHS Protect for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity.

Full name

Signature

Date

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