## **New Logo Common Good GLASGOW CALEDONIAN UNIVERSITY**

## **CARER/NURSERY FORM**

This form is only valid if submitted as part of the completed Discretionary Fund Form

**Academic Year 2024-25**

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| **Part Part A - MUST BE COMPLETED BY CARER/NURSERY**  **COMCOMPLETION 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.**

**Trimester Cost = 15 weeks**

|  |  |
| --- | --- |
| **A – Total Weekly cost x 15 A** | **££££ £** |
| **Local Council or other contributory funding x 15 B** | **£** |
| **Balance A minus 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**](https://www.gcu.ac.uk/currentstudents/fundingandfinance/privacynotice)

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

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

|  |
| --- |
| Part 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 a maximum of 15 weeks for Trimester 1 and 2 each. It does not cover holidays or any meals provided for the child or childcare transport costs.**
* **Any subsequent applications e.g. Trimester 2, can only be considered if submitted along with receipt/letter from Carer confirming payment for Trimester 1**
* **Only days timetabled to attend GCU or placement will be considered for an award from the Childcare fund.**