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| [Image result for welsh government logo](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=2ahUKEwismLWf4afjAhUCxYUKHaIYCfwQjRx6BAgBEAU&url=https://tqg.org.uk/about/story-company-info/partners/llywodraeth-cymru-welsh-government-logo/&psig=AOvVaw2tvUMkSamLE9q81ZVV7Tjy&ust=1562759013267389) | The publication is available in other languages and formats on request  Mae’r cyhoeddiad hwn ar gael mewn ieithoedd a fformatau eraill ar gais | msotw9_temp0 |

**Application for Assisted Places Childcare Grant**

The Assisted Places Childcare Grant is funded by Welsh Government via the Childcare and Play Grant.

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| **What is an Assisted Place?**  It’s financial contribution towards the cost of childcare and is available to help children and families in need. |

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| **How do I Apply?**  Complete this application form fully and include all the supporting documentation and appropriate evidence (please see page 2 for further details) and email to [rhian.f.bannister@conwy.gov.uk](mailto:rhian.f.bannister@conwy.gov.uk). Failure to produce the correct evidence on time can results in non-payment of the grant.  All applications will be individual assessed on a term by term basis up to a maximum of £300 per child. Grant funding is paid directly to the setting and parents/carers must pay any remaining balance.  Parents/carers will be responsible for any costs incurred at the setting prior to the award letter being issued, or if your grant application is declined.  Please note:   * Submitting an application form (even though you were successful previously) does not guarantee funding will be allocated. * Grant funding cannot be back-dated. * Applications will be processed within 5 to 10 days of being received, providing all information requested has been received and criteria has been met. |

**About You and Your Child:** *(please Use Capital letters)*

|  |  |
| --- | --- |
| Parent/Carer 1 - (Title/Name/Surname): |  |
| Parent/Carer 2 – (Title/Name/Surname): |  |
| Your Child’s/Children’s Name(s): |  |
| Child’s/Children’s Date of Birth(s): |  |
| Address (including Postcode): |  |
| Telephone Number: |  |
| Email Address: |  |

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**Benefit Details:** *(please Use Capital letters)*

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| Please note that if you or your partner work, you will be expected to apply for Working Tax Credit.  🖵 **on a low income** (under £26,000 gross joint household income)   * attach/scan copies of proof of income and benefits – all pages of the latest Tax Credit Award notice (TC602 and TC603) or Universal Credit from Inland Revenue.   🖵 **in receipt of out of work benefits**   * attach/scan copies of proof of income and benefits – all pages of the latest Tax Credit Award notice (TC602 and TC603), Universal Credit from Inland Revenue and confirmation of your Income Support, Job Seekers Allowance and Employment and Support Allowance.   🖵 **receiving payment for fostering**   * attach/scan copies of proof.   🖵 **receiving funding from Flying Start**   * attach/scan copies of proof.   🖵 **receiving childcare assistance from another agency**   * Please state which.   No other forms of evidence will be accepted and your application will be returned if full copies are not supplied. |

**Current/Preferred Childcare Setting:** *(please Use Capital Letters)*

Conwy County Borough Council will only provide financial assistance for CIW REGISTERED childcare settings. Please contact Conwy Family Information Services on 01492 577850 or [www.conwyfamilyinformation.co.uk](http://www.conwyfamilyinformation.co.uk) for a full list of registered settings

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Which CIW registered childcare provider are/will you be using?  **(please check availability with the setting before submitting your application)** | | | | | | | | |
| Date(s) required from: |  | | | To: | |  | | |
| Time(s) required from: |  | | | To: | |  | | |
| Day(s) required:  (please tick) | | Monday | Tuesday | Wednesday | | | | Thursday | Friday |
|  |  |  | | | |  |  |
| Cost Per Session: |  | | | | | | | |
| Are you open half-terms and/or holidays: (please include dates) | Yes | | | | No | | | |
|  | | | |  | | | |
| Provider’s Name: |  | | | | | | | |
| CIW Registration Number: |  | | | | | | | |
| Address: |  | | | | | | | |
| Postcode: |  | | | | | | | |
| Telephone Number: |  | | | | | | | |
| Email Address: |  | | | | | | | |
| Approval Signature by Setting Leader: |  | | | | | | | |

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**Criteria:** *(please Use capital letters)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **I / We need childcare because I/we are**: (please state as applicable) | | | | | | | |
|  | In need of a respite |  | An asylum seeker / Refugee |  | Child has special circumstances |  | Family has special circumstances |
|  | Other reason | | | | | | |
|  | | | | | | | |
| **Please provide further details**: (you MUST complete this section, if this section is blank your application will not be processed) | | | | | | | |

**Declaration:**

I/we confirm that I/we have provided all the correct information that has been requested.

|  |  |  |
| --- | --- | --- |
| PRINT NAME: | SIGNATURE: | DATE: |

**Disclaimer:**

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| Personal information will be held and processed by Conwy Early Years Education and Childcare Team for those purposes contained in the Privacy Notice and in accordance with the provisions of the General Data Protection Regulation (GDPR).  Personal information provided may be shared with third parties as and when necessary in order to verify the information, for the prevention or detection of crime and/or for the purposes of discharging any statutory or administrative function as required by law.  For a copy of the Privacy Notice, please email the Early Years Education and Childcare Team on [EYDCPtraining@conwy.gov.uk](mailto:EYDCPtraining@conwy.gov.uk) |

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