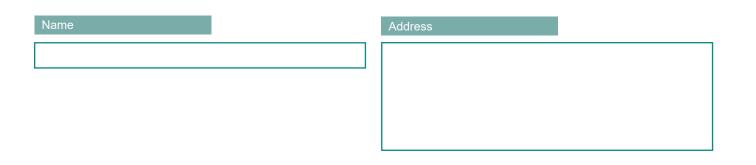
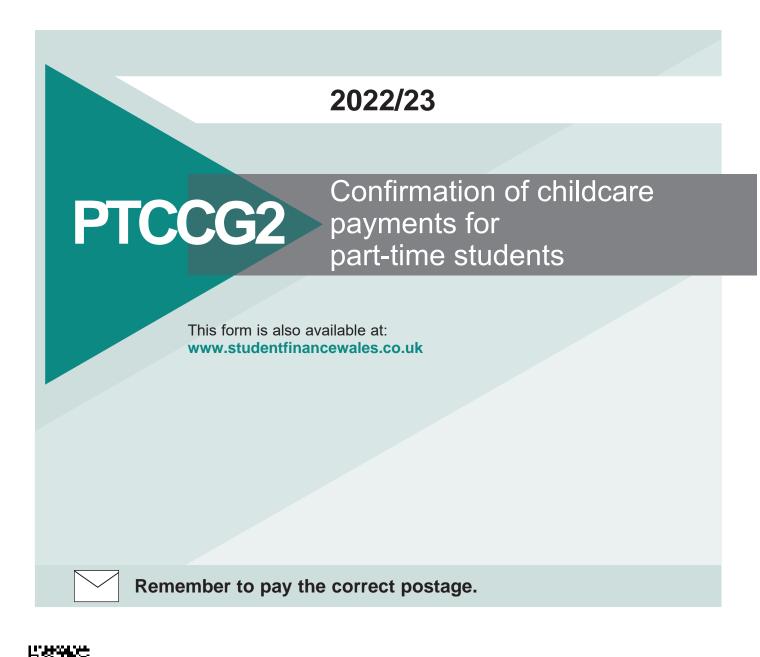
cyllid myfyrwyr <mark>cymru</mark> student finance <mark>wales</mark>



Ariennir gan Lywodraeth Cymru Funded by Welsh Government







SFW/PTCCG2/2223

Important information

To find out how we'll use the information you provide go to

www.studentfinancewales.co.uk/privacynotice to read our Privacy Notice before completing this form. You need to send this form confirming your payments to a childcare provider to us by the following dates:

		Course started in January Confirming payments for	Deadline
Period 1 (1 Sep 22 – 23 Oct 22)	21 November 2022	Period 1 (1 Jan 23 – 19 Feb 23)	21 March 2023
Period 2 (24 Oct 22 – 22 Jan 23)	20 February 2023	Period 2 (20 Feb 23 – 21 May 23)	20 June 2023
Period 3 (23 Jan 23 – 31 Aug 23)	30 September 2023	Period 3 (22 May 23 – 31 Dec 23)	01 February 2024

- If you return this form after these dates your next payment may be delayed.
- If your course started in September and you are either in the final year of your course or are not using childcare during the long vacation, you should return your third PTCCG2 form by **11 July 2023**.
- If your course did not start in September then you must return this form to us as soon as possible with details of childcare costs for your most recent period of childcare.
- If you do not return this form, you will not receive any further Childcare Grant payments. You may also be asked to repay any Childcare Grant payments you have already received.

It is an offence to knowingly provide false information on this form.

You should therefore ensure that all the information provided is as accurate as possible.

Instructions

- Don't complete this form if you or your husband, wife or partner are receiving Tax-Free Childcare from HMRC, or the childcare element of either Working Tax Credit or Universal Credit.
- Don't complete this form if you or your partner are receiving Childcare Allowance from the NHS as part of a student finance package.
- Please make sure you have completed the form 'Application for help with childcare costs for part-time students' (PTCCG1) and have sent it to us.
- You (the student) must complete section 1 of this form.
- You should only complete section 2 if the weekly costs you estimated on form PTCCG1 are likely to change during the rest of your academic year.
- Your **childcare provider** must complete **section 3**. Use a separate form for each childcare provider you use.
- Answer all the questions. If a question does not apply to you, write 'N/A' or 'None'. If you do not, we may return this form to you as it will appear incomplete. This may delay your application for Childcare Grant.

Once your form is fully complete and the declaration has been signed and dated, you should return it to: **Student Finance Wales, PO Box 211, Llandudno Junction, LL30 9FU**

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Your forename(s)	
Your surname	
Day Month Year	
Your full current home address (not you	ur university or college address)
	Postcode
For which period are you providing cont childcare provider?	firmation of the payments you have made to your
September course start	January course start
Period 1 (1 Sep 22 – 23 Oct 22)	Period 1 (1 Jan 23 – 19 Feb 23)
Period 2 (24 Oct 22 – 22 Jan 23) 🗌	Period 2 (20 Feb 23 – 21 May 23)
Period 3 (23 Jan 23 – 31 Aug 23)	Period 3 (22 May 23 – 31 Dec 23)
Please provide details of the children fo	Period 3 (22 May 23 – 31 Dec 23)
Please provide details of the children fo or approved childcare provider during	or whom you have made payments to a registered
Please provide details of the children for or approved childcare provider during the childcare payments.	or whom you have made payments to a registered the period for which you are confirming your
Please provide details of the children for or approved childcare provider during the childcare payments.	or whom you have made payments to a registered the period for which you are confirming your Date of birth
Please provide details of the children fo or approved childcare provider during childcare payments. Full name of child 1	or whom you have made payments to a registered the period for which you are confirming your Date of birth Day Month Year
Please provide details of the children for or approved childcare provider during to childcare payments. Full name of child 1	or whom you have made payments to a registered the period for which you are confirming your Date of birth Day Month Year Day Month Year Day Month Year

You only need to complete this section if your weekly childcare costs are likely to change during the rest of your academic year from the costs you estimated on the PTCCG1 earlier in the year. Please provide your new weekly childcare costs below. Any weeks or periods where you will not pay for childcare should be included.

а

Weekly costs					
Name of child	1	2	3	4	5
Before term 1	£	£	£	£	£
Term 1	£	£	£	£	£
Holiday 1	£	£	£	£	£
Term 2	£	£	£	£	£
Holiday 2	£	£	£	£	£
Term 3	£	£	£	£	£
After term 3	£	£	£	£	£

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If you do not pay for childcare for a whole term or holiday period, or if your childcare costs are different in any week to those you have given, please provide dates for the weeks where you will pay different costs.

Do not include any information about free Early Years education for three and four year olds.

Name of child	Weeks in which you do no you pay diffe	childcare	
	From (DD/MM/YYYY)	To (DD/MM/YYYY)	costs
1			£
2			£
3			£
4			£
5			£

Section 2 - change of circumstances

Continued

Student declaration

If you cannot sign the form it must be signed on your behalf by your attorney. The Power of Attorney letter must be sent with the application before a signature from that attorney will be accepted.

- I confirm that to the best of my knowledge and belief, the information I have provided is true and complete. If it is not I understand I may not receive financial support, any support I have had may be withdrawn and I could be prosecuted. Any information provided which is found to be materially inaccurate may be regarded as evidence of an attempt to mislead the Student Loans Company Ltd (SLC). In such circumstances, SLC may report the matter to the authorities and/or terminate your eligibility for student finance.
- I agree to provide any information as may reasonably be required for the processing of my application, and I agree to provide immediate notice of, and details in relation to, any change in my circumstances that might in any way affect my entitlement to financial support.
- I understand that if I do not provide notice of any change in my circumstances which may affect my entitlement, I may not be eligible to receive any outstanding instalments or payments that I have been notified of and that I may have to repay all or part of the financial support I have already received in the year.
- I confirm that neither I nor my husband, wife, civil partner or cohabiting partner have chosen to receive support for childcare from the childcare element of:(i) the Working Tax Credit; (ii), the Universal Credit; (iii) Tax-Free Childcare; and/or (iv) the NHS Childcare Allowance; and I agree to tell SLC immediately if I or my husband, wife, civil partner or cohabiting partner does receive this support. I understand that SLC reserves the right to share my personal data with HM Revenue & Customs ("HMRC") to check whether I am in receipt of childcare support from HMRC.

Your full name (in BLOCK CAPITALS)					
Your signature	×	Date	Day	Month	Year

Section 3 should be completed by your childcare provider.

Student checklist

Before returning this form, please make sure that you:

ullet read the information on the front page of this form;

fully answered all the relevant questions;

signed and dated the declaration at section 2; and

arranged for your childcare provider to complete section 3 of the form.

If you do not have enough space to answer any question, please use a separate sheet of paper and attach it to this form.

Please remember to pay the correct postage.

Section 3 - childcare provider details and costs

Childcare provider instructions Please: • provide your details (a); • provide your childcare registration/approval details (b); • advise the amounts paid to you for the period shown in section 1a of this form (c); and • sign and date the declaration (d). Once completed, please return this form to the student. To find out how we'll use the information you provide go to www.studentfinancewales.co.uk/privacynotice to read our Privacy Notice before completing this form.					
Childcare provider details					
Name of childcare provider					
Address					
Postcode					
Phone number					
Childcare provider registration/approval details					
Please tick the appropriate box and provide the details requested. As a childcare provider in Wales, I am registered with the Care and Social					
Services Inspectorate for Wales (CSSIW).					
Registration number (if applicable)					
Date of registration					
As a childcare provider in England, I am registered with Ofsted.					
Registration number (if applicable)					
Date of registration					
As a childcare provider in Northern Ireland, I am registered with a Health and Social Services Trust.					
Registration number (if applicable)					
Day Month Year Date of registration					
As a childcare provider in Scotland, I am registered with the Scottish Commission for the Regulation of Care.					
Registration number (if applicable)					
Date of registration					

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Section 3 - childcare provider details and costs

Continued

I am approved under the Childca	are Approval Scheme	Wales.
Approver reference		
Date of registration	Day Month Year	
Registration valid until	Day Month Year	
Disclosure number		
I am approved by or registered v details below.	_	
Name and address of the organisa with.	tion which granted app	proval or that you are registered
	Postcode	
Phone number		
Reference number		
Date of approval or registration.	This lasts from	Day Month Year
	То	Day Month Year
You must now enter the amo	ounts you charged	and sign the declaration.
	Junto you onargou	

Section 3 - childcare provider details and costs

Continued

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Please provide the dates and total weekly amounts you have received for childcare. This should cover **each week beginning on a Monday** in the period shown in section 1a. Do not include any Early Years payments you expect to receive from the Early Years Service.

Week beginn	ing	Amount received	١	Veek be	eginning	Amount received
Day Month Year			Day	Month	Year	
		£				£
Day Month Year		£	Day	Month	Year	£
Day Month Year		-	Day	Month	Year	
		£				£
Day Month Year		£	Day	Month	Year	£
Day Month Year		£	Day	Month	Year	£
Day Month Year		£	Day	Month	Year	£
Day Month Year			Day	Month	Year	
		£				£
Day Month Year		£	Day	Month	Year	£
Day Month Year		£	Day	Month	Year	£
Day Month Year		£	Day	Month	Year	£
Day Month Year		£	Day	Month	Year	£
Day Month Year		£	Day	Month	Year	£
Day Month Year			Day	Month	Year	
		£		Month		£
Day Month Year		£	Day		Year	£
Day Month Year		£	Day	Month	Year	£
Total amount you have in this period	/e received	£	Total am in this pe	,	u have receive	ed £
Childcare provider declaration I confirm that I have provided childcare for a child (or children) named in section 1b and have received the weekly childcare amounts shown above.						
Your full name (in BLOCK CAPITALS)						
Desition						
Position	V				Day Month	Year
Your signature	×			Date		
It is an offence to knowingly provide false information on this form.						

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