**Introduction**

The Childcare Fund is intended to provide a contribution to study related childcare costs, it is not intended to cover the full cost of full time childcare. An invoice from a registered childcare provider is required.

The fund makes awards in the form of a grant, which does not need to be repaid unless fraudulently collected.

In order to fully assess your application, we require this form to be completed by your childcare provider(s):

* If you have children who attend different providers, we will require a separate form for each provider(s).
* If your children attend one provider, please ensure all of your children’s details are noted below.

If the form is submitted with incomplete information, this will delay our assessment. Please ensure your provider signs, dates and stamps this form.

Please ensure that your childcare provider(s) completes Section A through to Section E before uploading this form.

Scholarships and Student Funding  
Old College, South Bridge  
<https://www.ed.ac.uk/student-funding>  
[studentfunding@ed.ac.uk](mailto:studentfunding@ed.ac.uk?subject=Childcare%20Provider%20Declaration%20Form)

Updated September 2024

**Section A**

**Information for Childcare Provider:**

* Please ensure you complete all the necessary information.
* The form should be signed, name printed and dated.
* Please ensure you stamp the form with your organisations official stamp.

**Section B**

Childcare Provider Details:

|  |  |
| --- | --- |
| Provider Name | Care Commission Number |
|  |  |

**Section C**

Please confirm the number of hours, days and weeks this child attends your childcare service and also the cost per hour.

If your child receives any free hours from the Scottish Government please note in the table below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Child’s Name** | **D.O.B** | **Number of** | | |  | **No. of free hrs. from Scottish Government** |
| **Hours per week** | **Days per week** | **Weeks per year** | **Cost per hour £** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |

**Section D**

Please confirm if there any outstanding Fees to be paid:

|  |  |  |
| --- | --- | --- |
| Date from | Date to | Amount outstanding |
|  |  |  |

**Section E**

**I confirm that this information provided on this form is correct:**

|  |  |
| --- | --- |
| **Signature** |  |
| **Print Name** |  |
| **Date** |  |

**Childcare Providers official stamp:**