Childcare Support 2026-2027

Bradford College

Student Details (to be completed by student)

Name:

College ID No: Mobile No:

Home No:

Email:

Childcare Provider Details (to be completed by the childcare provider)

Name:

Address:

Postcode:

Tel No:

Mobile No:

Email:

OFSTED Registration Number:

Have you registered with Bradford College FE Student Funding for the 2026/2027 academic year and provided your bank details? Yes ☐ No ☐

NOTES:

- **If Early Education/Childcare Funding is received for any child please provide details. We expect parents to use these hours whilst they are engaging with essential learning activities/essential course placements.**
- **Payments will be made directly to the student. It is their responsibility to use this to fund their childcare costs.**
- Days per week, please **only** provide the days the student is engaging with essential learning activities/essential course placements.
- **Please provide actual weekly costs, not averaged monthly figures.**
- Charges must not include any payments for registration/deposits/snacks/meals as the Learner Support Fund **will not** cover these. These charges are the responsibility of the parent.
- If the charges change during the academic year (Sept-June) i.e. increase in charges when Early Education/Childcare Funding is not available (e.g. out of term-time), annual price increase, please provide details.

Childs name: | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DOB: DD MM YY Date charges apply from: DD MM YY Date charges apply to: DD MM YY

Standard weekly childcare charges: £ Weekly childcare charges after Early Education/Childcare Funding deducted: £

Daily sessions attending (i.e. AM, PM or both)

Monday		**Tuesday**		**Wednesday**		**Thursday**		**Friday**		**Term-Time Only**
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	Yes/No

Reason no Early Education/Childcare Funding available? ....

Reason for change in charges during academic year? ....

Childs name: | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DOB: DD MM YY Date charges apply from: DD MM YY Date charges apply to: DD MM YY

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Monday		**Tuesday**		**Wednesday**		**Thursday**		**Friday**		**Term-Time Only**
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	Yes/No

Reason no Early Education/Childcare Funding available? ....

Reason for change in charges during academic year? ....

Childs name: | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Monday		**Tuesday**		**Wednesday**		**Thursday**		**Friday**		**Term-Time Only**
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	Yes/No

Reason no Early Education/Childcare Funding available? ....

Reason for change in charges during academic year? ....

Childs name: | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Monday		**Tuesday**		**Wednesday**		**Thursday**		**Friday**		**Term-Time Only**
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	Yes/No

Reason no Early Education/Childcare Funding available? ....

Reason for change in charges during academic year? ....

Name: ____ Date: ___________

CHILDCARE SUPPORT 2026-2027
Timetable Confirmation

Bradford College

Student Details (to be completed by student)

Name:

College ID No:

Mobile No:

Home No:

Email:

Tutor and Course Details (to be completed by course tutor for each course enrolled)

Course title:

Full-time: Part-time: Start Date: End Date:

Location:

Essential learning activity:

	Monday	Tuesday		Wednesday	Thursday	Friday
Session starts at						
Session ends at						

Is the student required to attend a work placement? If YES please confirm below when the placement(s) will start and finish, the location and the number of days per week.

Start Date: End Date: No. of Days per Week:

Location: _____

Start Date: End Date: No. of Days per Week:

Location: _____

Tutor's Name: Ext No: _____

Tutor's Signature: _____

Course title:

Full-time: Part-time: Start Date: End Date:

Location:

Essential learning activity:

	Monday	Tuesday		Wednesday	Thursday	Friday
Session starts at						
Session ends at						

Is the student required to attend a work placement? If YES please confirm below when the placement(s) will start and finish, the location and the number of days per week.

Start Date: End Date: No. of Days per Week:

Location: _____

Start Date: End Date: No. of Days per Week:

Location: _____

Tutor's Name: Ext No: _____

Tutor's Signature: _____

Course title:

Full-time: Part-time: Start Date: End Date:

Location:

Essential learning activity:

	Monday	Tuesday		Wednesday	Thursday	Friday
Session starts at						
Session ends at						

Is the student required to attend a work placement? If YES please confirm below when the placement(s) will start and finish, the location and the number of days per week.

Start Date: End Date: No. of Days per Week:

Location: _____

Start Date: End Date: No. of Days per Week:

Location: _____

Tutor's Name: Ext No: _____

Tutor's Signature: _____

Course title:

Full-time: Part-time: Start Date: End Date:

Location:

Essential learning activity:

	Monday	Tuesday		Wednesday	Thursday	Friday
Session starts at						
Session ends at						

Is the student required to attend a work placement? If YES please confirm below when the placement(s) will start and finish, the location and the number of days per week.

Start Date: End Date: No. of Days per Week:

Location: _____

Start Date: End Date: No. of Days per Week:

Location: _____

Tutor's Name: Ext No: _____

Tutor's Signature: _____

Bradford College

BANK DETAILS FORM - Learner Support Fund 2026-2027

Full name:

College ID Number:

The account holder name must match the name of the student.

Please make sure correct details are provided. If wrong details are provided and a payment is made, the payment will be lost.

Sort Code: __ __ - __ __ - __ __

Account Number: __ __ __ __ __ __ __ __

Account Holder Name: _____

Student's signature _____

Date: - -