



Assisted Places Grant 2008 – 2009

Guidance Notes

The Denbighshire Partnership Support Team will part support places for childcare commencing April 2008. This Grant will be administered by the Children's Information Service.

The funding allocation towards supporting a childcare place at a registered setting is for children aged 0 – 14 years or up to 16 years if your child has a disability. The maximum amount available per child is £10 per week for 39 weeks.

The supported place will enable you the parent / guardian to access new and/or additional childcare at a registered setting within Denbighshire. This could include emergency respite provision.

Grants are allocated to support the needs of families who meet at least one of the statements below. However, due to a restricted budget, grants will be allocated on a first come first served basis.

- Families on low income or unemployed
- Families with children who have special needs
- Families with special circumstances e.g. parents have a chronic illness.

Who can apply?

At least one of the following criteria needs to be met for applications to be considered.

- My family is in receipt of Income support, incapacity Benefit, or job Seekers allowance (please supply copy of Benefit /allowance as proof)
- My child has a learning/physical disability
- My child requires additional support within a childcare setting
- Special circumstances e.g. Parents with chronic illness. Please refer to point **d** of section A.

How Does It Work?

To access the funding parents/guardians should inform the childcare provider of their choice and request an application form.

Section A is to be completed by the parent / guardian and returned to the registered setting of your choice.

Section B is then to be completed by the provider.
The funding will then be allocated to the setting in which the child attends/ or chooses to attend.

N.B. Due to restricted budget, grants will be issued on a first come first served basis.

***The parent / guardian must inform the childcare provider of any significant changes in circumstances, which may affect qualification for the supported childcare place. Please ensure that parents/guardians sign and print the declaration at the end of Section A of this application form*.**

Application for an Assisted Place

Office use only

Section A

To be completed by parent/guardian

Date of application _____

Expected start date _____

Expected end date _____

Do the above dates include any of the school holiday periods? Yes No

1. Name of child _____ D.O.B. _____

2. Name and Address of childcare Provider i.e. setting such as Playgroup, Out of School Club, Day Nursery

Name _____

Address _____

_____ Post Code _____

☎ (Day) _____

☎ (Evening) _____

Professional bodies affiliated to, tick one that is appropriate

- Mudad Ysgolion Meithrin (MYM)
- National Childminding Association NCMA
- Wales Preschool Playgroup Association WalesPPA
- National Day Nurseries Association NDNA
- Clybiau Plant Cymru Kids'Clubs CCKC

Tick at least one of the following. Please enclose copies of allowance/benefit documentation.

a) My family is in receipt of

Incapacity Benefit	
Income Support	
Job Seekers Allowance	

Please provide proof of income – letter etc.

a) My family has a child with a learning/physical disability YES/NO

Please specify

b) I am / am not in receipt of Disability Living Allowance

c) My child requires additional support in a childcare setting YES/NO

Please specify

d) Special circumstances, please describe in box below.

I thereby confirm that the information provided is an accurate record of my family's circumstances. The information provided will be held by the Children's Information Service who could carry out enquiries with your childcare provider to verify your application.

Signature of Parent/Guardian _____

National Insurance Number _____

Print name _____

Date of signature _____

Section B

To be completed by childcare provider

- Cost per session _____
- Number of sessions being provided _____
- Name of the setting _____
- Bank Account Name _____
- Bank Account Address _____
- Bank Account Number _____
- Bank Sort Code _____
- Name and Address for correspondence

Name _____

Address _____

Post Code _____

 (Day) _____

Signature of chair/treasurer/club/nursery _____

Date _____

Where you send this form to

Please return Section A and B to:

Childcare Development Officer

Children's Information Service

Yr Hen Garchar

46 Clwyd Street

Ruthin

Denbighshire

LL15 1HP