

ANNEX A

For Childcare requirements between:

*11 August 2025 – 19 December 2025 for BA Social Work Placement Students

*20 August 2025 (Wednesday) – 19 December 2025 for PGDE Students

15 September 2025 to 19 December 2025 for all other students



Closing date for Annex A: **19 December 2025 at 5pm.**

Student Name:	Student Registration Number:
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- This Annex **MUST** be completed by your childcare provider (both sides).
- If you have more than one childcare provider, you must get each provider to fill in a separate Annex A.
- **Payments for this period will not be made prior to commencing your course.**
- You will be notified in due course when you can apply for childcare costs for Semester 2

Childcare Provider, please provide the following information for each child in your care:

Name of Child in your care (use a separate Annex for each child):
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Week Commencing	Cost per hour OR per session (half day/full day)	Number of hours per session / per week	Total Cost for week	Total cost for this period
*11 August	£		£	£
*18 August	£		£	
*25 August	£		£	
*1 September	£		£	
*8 September	£		£	
15 September	£		£	£
22 September	£		£	
29 September	£		£	
6 October	£		£	£
13 October	£		£	
20 October	£		£	
27 October	£		£	
3 November	£		£	£
10 November	£		£	
17 November	£		£	
24 November	£		£	
1 December	£		£	£
8 December	£		£	
15 December	£		£	

Management or Proprietor:	
I confirm that the child noted above will attend as detailed.	
Name: _____	
Signature: _____	Date: _____
Please ensure you have also signed the Declaration overleaf.	

Childcare Provider Declaration:

- I confirm that I have agreed to provide childcare to the named child overleaf and I will advise you immediately of any change to this.
- Please tick to confirm Government Funding has been deducted from costs for any 3- or 4-year-old child. If not, please attach details as to why it has not been deducted: ☐
- I understand payment of the award will go to the student and it is their responsibility to pay me.

It would be helpful if you could keep a record of when the above child is in your care and the cost of this care, as we will ask you for this information in the future.

Company Name:

Address:

Post Code:

Telephone Number:

Email address:

My Care Inspectorate registration number is:

C

N

Provide an official stamp in the space provided.

If you don't have an official stamp, please provide a letter on headed paper confirming the company name and the child/ren in your care. Tick here if you have provided a letter. ☐

If you are a private childminder, please email us at financial-support@strath.ac.uk, confirming the student's name and the name(s) of the child/ren in your care and that you confirm the costs indicated in this Annex were provided by you. This email should be sent from the address you have registered with the Care Inspectorate.

Please ensure that you have checked and signed the attendance information overleaf.

I confirm that the costs quoted are an accurate reflection of the childcare bookings for this period ☐

Manager or Proprietor's:

Name: _____

Signature: _____

Date: