west lothian college

**FORM BUR 7**

**Declaration to be completed by Childcare Provider:**

Provider's Name (In full):

Address:

Email Address:

(P*lease provide as you will receive all correspondence by email)*

Contact Telephone No:

I confirm that I will be providing childcare for student:

Child's name(s):

Date Childcare started:

Days/Hours per Week:

The Childcare fund will pay a maximum of £35.00 per child per day and £17.50 per half day for timetabled classes only. Lone Parents will receive £121.50 Lone Parent Grant per month and up to £35.00 per day and £17.50 per half day after the Lone Parent Grant has been applied. Any amount in excess of this must be paid by the student. The allowance will be paid directly to the childcare provider so please complete your bank details below.

## Declaration:

I acknowledge and confirm that no contract of employment exists between myself and West Lothian College.

I am aware that this allowance will only be paid if the student's attendance and progress on the course are satisfactory and payments will be withheld if unsatisfactory during any period. In the event that the student ceases to be eligible for payment of the allowance, I agree that no liability whatsoever attaches to the College in respect of the childcare costs, wages, or related termination payments incurred by the student after the date of termination of the allowance.

Provider's signature: Date:

Name on Account:

Bank Sort Code:

Account Number: