IMPORTANT: Your application can only be processed after Section 1 and Section 2 are completed in **FULL AND** you have provided birth certificate (for each child), household income evidence, nursery price list and nursery Terms & Conditions to the City of Wolverhampton College.



CF1 Form Application for Childcare Funding

Please complete all sections below. Students should complete all of the information required in Section 1. Childcare Providers should complete all of the information required on Section 2.

Section 1 - To be completed in FULL by the student. Please write in block capitals.															
Student Name															
Student ID											Cour	se Title			
Campus: ☐ Paget ☐ Wellington ☐ Other please specify															
Number of days in college each week Which days do you attend college															
Please show which days are half days or full days															
Please enter your child's/children's details below															
Child's Full Name									Date of Birth		Age				
Section 2 – To be completed in FULL BY THE CHILDCARE PROVIDER. You must specify the cost per child AND total weekly cost.															
Name of provider															
OFSTED Registered Number										OFSTED Rating					
Address										Postcode					
Manager's Name									Manager's Contact Number						
Manager's Email Address															
Email Address for remittance notices (if different)															
Cost per session per child Child 1 £ Ch						ild 2£ Child 3 £									

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Total cost of sessions provided per week (cost to include all sessions and for all children on application)

A contract will be put into place confirming the funding arrangement to be paid by City of Wolverhampton College. Childcare provision should not commence before this contract is received from the College. The College will not be liable for any costs incurred before the contract is agreed and sent to the provider. Additional sessions only by prior agreement from the college.

All invoices must be submitted on a monthly basis to childcareinvoices@wolvcoll.ac.uk as per public schedule.

Section 3 - For office use only, to be completed by Student Hub Advisor.

Required Docume	ents	Action to be cor Student Hub Ad		Name of Student Hub Advisor Completing Action and Date		
Birth Certificate fo	or each child	Record Ref. Nos	on EBS Learner Notes			
Income Evidence		Upload DLSF for	m with income evidence to EBS			
Nursery Price List		Scan to childca	reinvoice@wolvcoll.ac.uk			
Nursery Terms & 0	Conditions	Scan to childca	reinvoice@wolvcoll.ac.uk			
Q Code	Start Date	End Date	Timetabled Days in College	Checked by Advisor Name	Date Checked	
Attendance Rate	Term 1		Term 2	Term 3		