

Learning Provider Registration Form 2010/11



Print in **BLOCK CAPITALS** or mark using an 'X' **within boxes**

B1 - Learner Details

Please tell us about the learner:

Surname / Family Name:

First Name(s):

Learner Reference Number:

Learner's Date of Birth:

B2 - Learning Provider Details

See 'additional information' at the front of this form for details of valid Learning Provider / Programme

Name of Organisation:

House No. / Building Name:

Street / Road:

Town / City:

Postcode:

Main Telephone Number:

Email Address:

Learning Provider Type:

FE College Sixth Form College Work Based Learning **Non-Employed Status** Work Based Learning **Employed Status***

Other (Please State)

*If the learner has employed status they will not be eligible for Care to Learn. They may be able to apply for childcare support through Working Tax Credits.

Name of a Learning Provider contact who can confirm the learner's attendance:

Failure to complete and submit attendance monitoring forms will result in childcare and travel payments being withheld.

Contact Name:

Main Telephone Number:

Mobile Number:

Email Address:

B3 - Learning Details

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See 'additional information' at the front of this form for details of valid Learning Provider / Programme. **If the learner is 19** and their chosen course lasts for more than one year it is important this is reflected below e.g. state full 'A' Levels instead of 'AS' Levels

Name of Course:

What best describes the learning that this application covers? Is it:

Unaccredited Level 1 Level 2 Level 3 Not Known

Other (Please State)

Tell us about the learner's **weekly** planned attendance below. Break this down into guided learning hours and other activity as shown. The information you provide here will be used to establish whether or not the requested number of childcare hours is reasonable.

Number of guided learning hours (glh):	<input type="text" value="All taught / contact hours on the identified course / placement"/>	<input type="text" value="H H M M"/>
Number of hours attendance for other activity:	<input type="text" value="e.g. assembly / enrichment activity / lunch breaks"/>	<input type="text" value="H H M M"/>
Number of independent study hours:	<input type="text" value="study outside of the glh that relates to the identified course"/>	<input type="text" value="H H M M"/>
Total number of hours per week:		<input type="text" value="H H M M"/>

Flexible Learning

In circumstances where a learner is undertaking flexible learning, please state the average number of hours to be attended each week. For example, if a learner on a 10-week course attends for nine hours for two weeks, then four hours for the next eight weeks, this can be shown as an average of five hours per week, worked out as this:

2 weeks x 9 hours = 18 hours
 8 weeks x 4 hours = 32 hours
 18 hours + 32 hours = 50 hours over the 10 week course length
 50 hours ÷ 10 weeks = 5 hours per week average

This method may also be used to calculate the average number of hours that a learner would be expected to undertake flexible home study.

Tell us about the learner's **daily** planned attendance below. The information you provide here will be used to establish whether or not the requested number of childcare hours is reasonable.

	Monday	Tuesday	Wednesday	Thursday	Friday	am is up to 12 noon pm is after 12 noon
am	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
pm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Tell us about the learner's **annual** planned attendance below. The information you provide here will be used to establish whether or not the requested number of childcare hours is reasonable.

Is the course Term Based i.e. does it follow a standard academic year? Yes No

If you have marked 'Yes' to the above please complete the details below:

	Autumn 2010	Spring 2011	Summer 2011
Course start:	<input type="text" value="D D M M Y Y Y Y"/>	<input type="text" value="D D M M Y Y Y Y"/>	<input type="text" value="D D M M Y Y Y Y"/>
Course end:	<input type="text" value="D D M M Y Y Y Y"/>	<input type="text" value="D D M M Y Y Y Y"/>	<input type="text" value="D D M M Y Y Y Y"/>
Half Term break begins:	<input type="text" value="D D M M Y Y Y Y"/>	<input type="text" value="D D M M Y Y Y Y"/>	<input type="text" value="D D M M Y Y Y Y"/>
Half Term break ends:	<input type="text" value="D D M M Y Y Y Y"/>	<input type="text" value="D D M M Y Y Y Y"/>	<input type="text" value="D D M M Y Y Y Y"/>

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B6 - Learning Provider Bank or Building Society Account Details

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If the learner is claiming travel costs, these will be sent to you to pass on to the learner, or use to arrange travel on their behalf. To receive payments, you must have a Bank or Building Society account that will accept BACS payments.

You must enclose an account statement, letter or form from your bank or building society that shows your name, sort code, account number, roll number (if applicable) and address. You are encouraged to send us a clear and complete photocopy. If you have already provided your bank or building society account details and evidence with another 2010/11 registration, you do not need to complete this section or send evidence again.

Account Name:

This should be the name as it appears on your statement.

Name of Bank / Building Society:

Branch:

Sort Code:

 - -

Account Number:

Roll Number:

If you have given details of a building society account, enter the roll or reference number (if applicable). Enter this exactly as it appears on your statement and include any hyphens (-) or slashes (/) that are shown as part of the number.

B7 - Learning Provider Declaration

I hereby certify that:

- the details given are true and accurate to the best of my knowledge
- I have seen a copy of the birth certificate or proof of Child Benefit, to confirm that the learner has a dependant child(ren) as stated in Section B4 of this form, and recorded the details of this documentation for audit purposes
- the learner has been accepted or is awaiting the outcome of their application for a **publicly funded** course or training programme in England
- the learner is or will be in attendance at this establishment for the period stated in Section B3 of this form
- the travel costs being claimed in Section B5 are **additional travel costs** that are necessary to take the learner's child(ren) to and from childcare, and appear reasonable based on my local knowledge
- I agree to complete **regular attendance returns** for the Learner Support Service. **I understand that if I do not complete and submit attendance monitoring returns childcare and travel payments may be withheld**
- **I agree to issue travel payments** to the learner, where appropriate, and that I will keep auditable records of this
- I will **notify** the Learner Support Service promptly on **0845 600 7979** if the learner ceases to attend the course or work based learning programme
- I will tell the Learner Support Service immediately if I discover that the learner's Childcare Provider has become de-registered by **Ofsted**.

Name of Officer:

Position:

Officer sign here:

(TO BE SIGNED BY THE STUDENT SUPPORT OFFICER OR EQUIVALENT)

Date:

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