

**FE Care to Learn**

**Application Form**

**2025/2026**

**Please complete this form in BLOCK CAPITALS and return with the required evidence to;**

Student Services, Bishop Burton College, York Road, Bishop Burton, HU17 8QG

**Check your application. Have you…?**

|  |  |
| --- | --- |
|  | **‎√** |
| * Answered every question |  |
| * Provided photocopies of all the evidence and documents required |  |
| * Is the form signed and dated by you |  |

**Section A: Student’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Forename(s):** |  |
| **Address:** |  | **Student Number:** |  |
|  | **Date of Birth:** |  |
|  | **Your age on 31/08/2025:** |  |
|  | **Course Title:** |  |
| **Postcode:** |  | **Email address:** |  |
| **Home Telephone No:** |  | **Mobile Telephone No:** |  |

**Section B: Details of Child(ren)**

Please provide details of the child/children that you wish to access Care to Learn funding for. You **MUST** submit the Child Benefit award letter or Birth Certificate for each child listed.

|  |  |  |
| --- | --- | --- |
| **Name of Child** | **Date of Birth** | **Address** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section C: Childcare Provider Details**

Please inform us of the childcare provider your child is currently enlisted with, in the table below. It is important to note that we can only make payments to registered childcare providers that are Ofsted-approved. In support of your application, you **MUST** submit a copy of the contract between you and the childcare provider.

|  |  |
| --- | --- |
| **Name of Childcare Provider and URN** | **Address AND contact number** |
|  |  |

**Section C: Travel costs:**

Care to Learn funding will pay for travel costs, where appropriate, and where it is necessary for the student to take their children between childcare and home. This is normally by the cheapest means available, usually public transport. Mileage can be considered, as long as this is the cheapest method, paid at 25p per mile. Please note the total cost of childcare and travel costs must not exceed the maximum weekly amount of £180 per week.

|  |  |  |
| --- | --- | --- |
| **Mode of transport to Childcare setting** | **Journey time from home address to Childcare setting** | **Cost of transport** |
|  |  |  |

**Section D: Student’s Bank or Building Society Account Details**

|  |  |
| --- | --- |
| Name of Bank |  |
| Full name of account holder (student) |  |
| Sort code (6 digits) |  |
| Account number (8 digits) |  |
| Roll number (building society only) |  |

**Section E: Declaration**

I understand that I am required to provide supporting evidence where required in regard to the application submitted to the Care to Learn fund.

I understand that any monies will be paid to the childcare provider directly, on submission of invoices, and that payments will cover my timetabled days of attendance only. Invoices must detail the cost due, name the student, child(ren), and the days of the student’s child(ren)’s attendance.

I understand that I do not have an automatic entitlement to bursary payments and all payments are based on the information provided.

In order to receive travel payments, I will submit receipts on a weekly basis to the Bursaries team, for prompt reimbursement.

I understand that if there are any in year changes that impact payments, or if I leave my course, I must notify the Bursaries team immediately. I understand that any ongoing funding is subject to attendance, and may be withdrawn and I will still be responsible for any outstanding debts to the Institution.

False information provided will result in me repaying any awarded funds.

**In signing this application, you confirm that you have read and agree to the Terms & Conditions.**

Signature of student: Date:

**FOR ADMIN USE ONLY (PLEASE LEAVE BLANK)**

|  |  |
| --- | --- |
| **Is the Childcare Provider Ofsted-registered?** | **Date checked:** |

|  |  |
| --- | --- |
| **Date invoices requested by Bursaries:** | **Invoice received:** |

|  |  |
| --- | --- |
| **Third-party payment set up on PayMyStudent?** | **Date:** |

|  |  |
| --- | --- |
| **What are the student’s timetabled days of attendance?** |  |

|  |  |
| --- | --- |
| **Deposit due:** | **Registration fees:** |

|  |  |
| --- | --- |
| **Fee details:** |  |

|  |  |
| --- | --- |
| **Child Benefit Reference Number (s)** | **Birth Certificate number(s)** |