Childcare Bursary Referral Form

The details provided below will enable the Childcare Bursary team to assess your application to determine whether a bursary can be granted. The team will contact you to confirm whether your application has been approved.

As part of the application process, you will be asked to provide proof of employment, training or other relevant supporting documents.

Before filling in this form, please be aware that the Childcare Bursary is for Islington residents and certain criteria apply. Please visit: www.islington.gov.uk/childcarebursary

Successful applicants must register on the Islington working portal, visit www.islingtonworking.co.uk to register. If you are currently working with an iWork coach, you do not have to register.

Your details

|  |  |
| --- | --- |
| Parent Name |  |
| National Insurance Number |  |
| Address |  |
| Contact number |  |
| Email |  |
| Referrer name/organisation |  |
| Bursary child name/s |  |

Reason for application

|  |
| --- |
| What is the reason for applying for this bursary? |
| Seeking work | [ ]  | Starting workPlease give start date | [ ] ……………………… |
| Work placement | [ ]  | Training | [ ]  |
| Increasing hours of work | [ ]  | Starting a business | [ ]  |
| Other – please explain |  |
| How many weeks are you applying for a bursary for? |  |
| How many hours per week are you applying for the bursary for? |  |
| **How will this bursary help you with work or training?** |
|  |

Childcare provider details

|  |  |
| --- | --- |
| Name  |  |
| Address  |  |
| Telephone |  |
| Email |  |
| Ofsted number |  |

Childcare cost details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date From | Date To | Days Per Week | Number of children | Breakdown of the Cost |
|  |  |  |  |  |
| TOTAL |  |

For office use only

Supporting evidence

|  |
| --- |
| Has the parent provided, one of the following?  |
| Employment contract | [ ]  |
| Employment confirmation Email/Letter  | [ ]  |
| Training enrolment Email/Letter | [ ]  |

|  |  |
| --- | --- |
| Application status*(Approved/Not approved)* |  |
| Signed: |  |
| Print name: |  |