



Cyngor **Abertawe**  
**Swansea** Council

## Housing Benefit and Council Tax Reduction

# Proof of Childcare Payments

Ben Smith  
Head of Financial Services  
and The Service Centre  
The Guildhall  
Swansea SA1 4NR  
01792 635353

Mae'r ffurflen hon ar gael yn Gymraeg o'r Ganolfan Ddinesig

This form is also available in large print from the Civic Centre

### 1. Your Name and Address

Name: .....

Address: .....

.....

.....

Postcode: .....

National Insurance Number:

--	--	--	--	--	--	--

### FOR OFFICE USE ONLY

Date we received this form (stamp)

Claim Number:

### 2. Name and Address of childcare provider - This section to be completed by childcare provider

Name of organisation / carer: .....

Address: .....

.....

Postcode: .....

Telephone: .....

Are you registered with the local authority?

Please tick appropriate box

No

Yes

If yes supply registration number: .....

### 3. Names of children being cared for - This section to be completed by childcare provider

	Full name of child	Date care started	Date care ended / due to end*
Child 1		/ /	/ /
Child 2		/ /	/ /
Child 3		/ /	/ /
Child 4		/ /	/ /

\* If childcare is not paid during school holidays the date given should be the last day care is / will be provided before the start of the holiday.

#### 4. Childcare charges - This section to be completed by the childcare provider

If charges are paid monthly please provide details for two months.

If they are paid weekly please provide details for five weeks

	Month 1 or Week 1	Month 2 or Week 2	Week 3	Week 4	Week 5
Date	/ /	/ /	/ /	/ /	/ /
Child 1	£	£	£	£	£
Child 2	£	£	£	£	£
Child 3	£	£	£	£	£
Child 4	£	£	£	£	£

#### 5. Childcare Providers Declaration

I provide the following type of childcare. *(Tick the box which applies to you)*

Registered childminder caring for children in your own home

Registered nursery caring for children on nursery premises

Out of hours club at school

Out of hours club run by local authority

Out of hours scheme run by an approved provider

Registered playscheme

Nursery or playscheme on government property

Other - Please describe type of care

I declare that the information given about childcare charges on this form is correct.

Signed

Date

Print name

Official stamp

#### 6. Your Privacy

Swansea Council is the data controller for the personal information you provide on this form. Your information will be used in the exercise of our official authority and will not be used for any other purpose. We will not share your data with third parties unless we are required or permitted to do so by law.

Data protection law describes the legal basis for our processing your data as necessary for the performance of a public task. For further information about how Swansea Council uses your personal data, including your rights as a data subject, please see our corporate privacy notice on our website.

#### 7. Your Declaration - To be completed by the person applying for benefit / reduction

Please read this declaration carefully before you sign and date it. I declare:

- That the information I have given on this form is correct and complete to the best of my knowledge and I have paid the amounts indicated on this form.
- If the amount of childcare that I pay changes I will inform the Benefit Section.
- I have read and understood "Your Privacy"
- I have read and understood this declaration.

Signed

Date