

CHILD CARE SUPPORT FUND 2011/2012 (HEA/EU FUNDED)

GENERAL INFORMATION: The purpose of the Child Care Support Fund is to provide assistance towards the cost of Child Care provided by official childcare providers for children of registered whole-time students of the DIT colleges. **Students seeking childcare assistance for arrangements with non official childminders must apply to the general Student Assistance funding scheme instead.**

It must be clearly understood that this Fund is limited and subject to funding availability. DIT Student Assistant Fund regulations apply to the Fund.

Assistance not available to :

- **Apprentice and Part-Time Students**
Incoming students on Socrates/Erasmus Programmes or equivalent
- **Postgraduate (paid) Research Students**
- **Students attending Foundation/Access courses**

How to apply; The student parent should apply, in confidence, on the standard application form (attached), when a suitable crèche/childminding service has been selected. Complete the form in full and arrange for **Section C** to be completed and signed by the Head of Department/School in your DIT College, or your course Tutor or Leader. All of the questions on the form must be answered fully. If you need advice or help completing this form please contact your local DITSU representative in your college or this office at **01 4027513**.

When you have completed the form, please ensure to attach the following:

- **The child/children's birth cert**
- **Letter from crèche/ official childcare provider (registered) confirming the parent/s name/s and child/children's name/s outlining the arrangements and charges**
- **All income documentation including One Parent Family and Child Benefit payments to be submitted**

You are assured that the information supplied by you will be used **ONLY** to assist in determining the outcome of your application. It will not be used for any other purpose.

In 2011/2012 the **maximum** subsidy payable is €3500 for the first child and €1500 for the second child depending on eligibility. Applications will be considered on their individual merits, having regard to whether or not the student is a single parent, and taking into account the documented income (One Parent Family Payment, Rent Allowance and/or any other benefits, allowances and other income) of the student and where relevant, his/her spouse or partner.

Two payments will be made to the provider – one initially 70% of subsidy and the final payment of 30% when the cost incurred exceeds the total subsidy. Retro-spection prior to start of month of application received cannot be considered. **Funding is limited and it is recommended you submit your form and documentation as soon as possible and no later than Friday 11th November 2011.**

WHAT HAPPENS NEXT?

Payment recommended from the Fund will be made directly to the official nursery/crèche/registered childcare provider on presentation to the Student Sports, Recreation and Support Services Manager, of an Invoice, signed by the service provider and certified by the student parent. **Invoice forms will be supplied by the Student Sports, Recreation and Support Services Office.** Any recommendation made will expire at the end of the academic year in which it was made. A new application must be made for each subsequent academic year

The Child Care Support Fund 2011 is financed by the Irish Government and part-financed by the European Union under the National Development Plan. The funding is limited and applications can only be considered when funding is available during the current academic year.



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Ref..
C11/

CHILD CARE SUPPORT FUND 2011/20121 - APPLICATION FORM (HEA/EU FUNDED)

SECTION A - Applicant's details

Name:	Age	Gender	Date of Birth	Student No
Home Address	Accommodation Address			
Email address (Regularly used)	Phone No.			

SECTION B - Course and Fee information - current Academic Year

DIT College	Faculty	Course Title	Course Code	Year of Course

Are you in receipt of a:	Yes/No	Amount	Awarding Body: <u>County Council, VEC or other</u>
Grant			
Scholarship or training allowance			
Have your fees been paid			

SECTION C - Certificate of registration and attendance

To be completed by AN ACADEMIC STAFF MEMBER ASSOCIATED WITH YOUR COURSE.

*(The information requested below is required **solely** in connection with an application to the Child Care Support Fund).*

I certify that I am acquainted with the above-named applicant, who is a registered student in
Year _____ of Course _____

His/Her attendance in the current Academic Year is considered *(tick as appropriate)*:

SATISFACTORY UNSATISFACTORY

*(If **Unsatisfactory**, the Academic Staff Member is requested to supply a covering note for the confidential information of the Student Sports Recreation and Support Services Administrator)*

Signed _____
Head of School / Head of Department / Course Leader / Tutor.

School / Department _____ Date _____

SECTION D - Details of the application for assistance

Name of child: _____ Date of Birth: _____

(Please submit birth certificate for inspection).

Name and full address of child-minding service selected by the applicant:

Charges per week: € _____

(Please submit official written confirmation from crèche or child-minder)

SECTION E – Information in support of the application

Are you receiving state benefit or external funding for Childcare. If you are please submit supporting documentation for the following if applicable.

Other sources of income:			State your expenses under each heading		
	Weekly	Monthly		Weekly	Monthly
One-Parent Family Payment	€		Rent	€	€
Child benefit	€		Heat/Light	€	€
Rent allowance	€		Meals/Food	€	€
Other Health Board allowances	€		Travel cost	€	€
Income from employment	€		Loan Repayments	€	€
Support from home/parents	€		Creche/Nursery	€	€
Support from spouse/partner	€		Child Expenses	€	€
Other Social Welfare benefits	€		Other	€	€
Other	€		Books/ class materials - yearly	€	
TOTAL:	€		TOTAL	€	€

With whom have you discussed this application? _____

Is there any other information or circumstance which you believe should be taken into account?

I certify the information provided on this form is true, complete and accurate in every particular and that assistance from other sources have not been received for the stated purpose/service, which is the subject of the application from the Student Assistance Fund 2011.

Signature of applicant: _____ **Date:** _____

Important: Please enter clearly your email address at the front of the form as correspondence will be communicated by email unless hardcopy is requested. You must complete the attached HEA Student Data form which is mandatory. You must also ask the crèche/childcare provider to complete the attached Bank Mandate form and ensure you refer to and complete the Check List at the back of the form.

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Total Approved: _____

Approved By _____

Date _____

First Payment

Issued By _____

Amount _____

Date _____

Invoice No(from Creche) _____

Value _____

Date Received _____

Second Payment

Issued By _____

Amount _____

Date _____

Invoice No(from Creche) _____

Value _____

Date Received _____

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PAYMENT MANDATE FORM

DIT STUDENT SPORTS, RECREATION AND SUPPORT OFFICE

The Childcare provider completes this Bank Mandate Form which is utilised to process electronic payments. The form completion does not indicate eligibility for Childcare support. It will however if proved eligible for Clildcare funding ensure prompt issuing of payments on production of completed monthly invoiced.

Return this form to..... **DIT Student Sports, Rcreation and Support Sevices**
143-149 Rathmines Rd, Dublin 6

Please ensure that all the required information is fully and accurately provided.

NAME _____

ADDRESS _____

Contact Phone Number _____

BANK ACCOUNT DETAILS - CRECHE/CHILDCARE PROVIDER

BANK NAME _____

BANK ADDRESS _____

ACCOUNT NAME _____

Bank Account Number (8 Digits)

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Bank Sort Code (6 Digits)

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Your Signature _____ **Date** _____

BANK STAMP & DATE (To confirm A/C details correct)

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DIT SAF APPLICANT PROFILE DATA QUESTIONNAIRE 2011/2012

This is a private and confidential document for use in the compilation of essential statistical information as requested by H E A and for DIT use only. SAF payments cannot be released until this form is completed and received by DIT's SSRS Dept for all applicants. (Emergency payments will be issued and the form must be submitted as soon as possible afterwards.)

1a Your name in full	
1b Your student I.D. Number	
1c Your P.P.S. Number	
1d Are you a member of the travelling community?	

2a Please indicate which type of assistance you are applying for – tick as appropriate:

Student Assistance Fund - General	Student Assistance Fund – Access	Emergency Assistance	Compulsary Travel	Childcare
A.	B	C	D	E

2b Gender: Male _____ Female _____

2c Age Group 15 – 24 _____ 25 – 64 _____

3a What year of your course are you on – tick as appropriate:

First Year	Final Year	Other

3b What type of Course are you enrolled on – tick as appropriate:

Higher Certificate	Ordinary level degree/Higher Diploma	Honours Degree	Post Graduate course

3c What was your prior labour market status? – tick as appropriate:

Full-time education/training	Employee	Self employed
Long term unemployed	Short term unemployed	Other

3d Your highest educational attainment – tick as appropriate:

Primary Lower Secondary Education (Up to Junior Certificate) _____
 Upper Secondary Education (Leaving Certificate) _____
 Post secondary non-tertiary education (Post leaving Certificate) _____
 Tertiary Education -below Level 10 (Third level education) _____

Important

Question 3c - Refers to your status prior to entry into Higher Education

Question 3d - Refers to your course study excluding your current course of study

Question 4b - See Appendix B for list of EU/EEA member states

Question 9b - Please tick if applicable – (Independent verification by the HEI is not required)

Student Support Assistance projects funded by the Irish Government and part-financed by the European Union under the National Development Plan, 2007 - 2013



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4a Your tuition fee arrangement for 2011.12 – tick as appropriate:

Free Fees	E. U. Fees	Non E.U. Fees

4b Please indicate your area of origin – tick as appropriate:

Ireland North/South	EU Member state	Other EEA Countries or the Swiss Confederation	Non EU/EEA countries

5a Have you been allocated SAF in a previous year: Yes / No _____

5b If Yes, please tick below the Academic Years in which an allocation was made:

2010/2011	2009/2010	2008/2009	2007/2008

6 Enter date of application to SAF (2011/2012): ___/___/___

7 Are you repeating the year 2011/2012: Yes / No _____

8a Have you been approved for a maintenance grant: Yes / No _____

8b If Yes please tick: Adjacent _____ Non Adjacent _____

8c Have you been approved for the special rate of Maintenance Grant payment: Yes/No _____

8d If yes, indicate month of first grant payment received 2011/2012 - tick appropriate box:

October 2011	November 2011	December 2011	Other please state

9a Are you in receipt of any Bursaries, Scholarships, or Grants other than the Maintenance Grant for 2011/2012:

Yes / No _____

9b If Yes, please indicate by ticking the appropriate box below:

Donagh O Malley Scholarship		Credit Union Scholarship	
All-Ireland (Mc Manus) Scholarship		Trade Union Scholarship/ Grant	
DES Gaelteacht Scholarship		Sports Scholarship	
Other DES Scholarship		Society S V P Grant	
Bank of Ireland Millenium Scholars Trust Scholarship		Other Scholarship / Grant	
Other Bank Scholarship			

10 Are you engaged in part time work during the current session (2011/2012). Tick below as appropriate:

Yes, up to exams		Yes, for part of the year		No	
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11a Have you been admitted to DIT under a direct admissions scheme to address socio-economic disadvantage (ie HEAR, or equivalent) – tick as appropriate:

Yes		No		Not applicable	
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11b Are you a participant on any support programme run by DIT:

Yes/ No _____

11c If your answer is Yes please tick below:

HEAR Support Programme		Disability Service	
Access Office - general		Combination of above	
Mature Student Support programme			

12a Have you any dependent children: Yes/No ____

12b If Yes to the above indicate the number: 1-3 ____, 4-7 ____, 8 plus ____

12c Indicate the number of children in full time further or higher education (please tick box below):

None		1-2		3-4		5+	
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13a Are you receiving social welfare support during 2011/12:

Yes/No _____

13b If yes please tick the type of support:

Back to Education allowance _ Other Social Welfare payment _____

14a Are you of independent means ie. self supporting (no support from parents/guardians):

Yes/No _____

14b If No, are one or both of your parents/guardians in receipt of Social Welfare:

Yes/No _____

14c Please indicate your living arrangements in the current 2011/2012 Session by ticking below:

Living in parents/guardians home		Rented Accommodation -Student Residence	
Living in own home		Rented Accommodation - Other	

15 How did you become aware of the Student Assistance Fund.

Please answer by ticking the appropriate box below:

Access Orientation Programme		www.Studentfinance.ie	
General Orientation Programme		Access Office	
Student handbook		Student Services staff	
Students Union		Lecturer/ Tutor	
College website		Other	

APPENDIX B

European Economic Area (EEA) Countries

EU Member States

	Poland
Austria	Portugal
Belgium	Romania
	Slovakia
Bulgaria	Slovenia
Cyprus	Spain
	Sweden
Czech Republic	United Kingdom

Denmark

Non-EU Member States

Estonia	Iceland
Finland	Liechtenstein
France	Norway

Germany

Greece

Hungary

Ireland

Italy

Latvia

Lithuania

Luxembourg

Malta

Netherlands

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16a Decision on SAF Application

Approved _____

Not Approved _____

16b Date of first payment / /

(Approved applicants)

Student Data Form Received:

Student Data Form details checked:

Date HEA Database updated:

Database Inputer:

Outstanding Queries/Comments:
