



Child care questionnaire

Please fill in this form to **confirm details of the child care that you pay** and send it to:

Benefit Services
PO Box 302
Witney
OX28 1WP

Date:

Claim reference number:

Details of the applicant				
Full name				
Partner's name				
Address and postcode				
Contact telephone number				
Work details: Please circle where appropriate	Claimant		Partner	
Are you currently working, if yes how many hours per week?	Yes	No	Yes	No
If not working are you currently on: maternity leave, paternity leave or adoption leave? Please state which				
Are you disabled?	Yes	No	Yes	No
Do you receive any grants or funding to pay for any pre-school activities?	Yes	No	Yes	No

Please complete a separate sheet for each care provider involved

	Child name	Date of birth
1		
2		
3		
Care provider: Name of child minder, play scheme, nursery or after school club		
Registration number if applicable:		
Child care provided		
Child 1 Cost per week during school term time Cost per week during school holidays Cost per week for retainer during holiday How many weeks for the retainer? How many cost free weeks in a year?		£ £ £
Child 2 Cost per week during school term time Cost per week during school holidays Cost per week for retainer during holiday How many weeks for the retainer? How many cost free weeks in a year?		£ £ £
Child 3 Cost per week during school term time Cost per week during school holidays Cost per week for retainer during holiday How many weeks for the retainer? How many cost free weeks in a year?		£ £ £

Signature of person providing the care..... Date.....

The Council are the Data Controllers for the purposes of the Data Protection Legislation. We will only use your personal information in accordance with the Legislation and for the purposes of the Revenues & Benefits. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.