

Childcare Costs

Name

Case Ref.

Address

Received by

Date

Please complete this form and return it to the above address as soon as possible

1 Name and address of the registered childcare minder or agency

Name

Address

2 Name and date of birth of child / children being cared for

Child 1

D.O.B

Child 2

D.O.B

Child 3

D.O.B

Child 4

D.O.B

Weekly cost of childcare

£

Registration No.

You must provide proof of payment of child care costs. We require proof of five weekly payments if you pay weekly or two monthly payments if you pay monthly.

In accordance with General Data Protection Regulations 2018, Gateshead Council will use any personal data to process your application. We may also share this data with other council services or public organisations if required by law to do so. Your personal data will only be used in respect of your claim and not for marketing purposes or passed to third parties. To read how we will use your information, please view our full privacy notice, at www.gateshead.gov.uk/data-protection.

Return the completed form to:- Benefits Section, Civic Centre, Regent Street, Gateshead, NE8 1HH