

Name	<input type="text"/>	Case Ref.	<input type="text"/>
Address	<input type="text"/>	Received by	<input type="text"/>
		Date	<input type="text"/>

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	<input type="text"/>
Address	<input type="text"/>

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

Child 1	<input type="text"/>	D.O.B	<input type="text"/>
Child 2	<input type="text"/>	D.O.B	<input type="text"/>
Child 3	<input type="text"/>	D.O.B	<input type="text"/>
Child 4	<input type="text"/>	D.O.B	<input type="text"/>

Weekly cost of childcare	£ <input type="text"/>	Registration No.	<input type="text"/>
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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