



**FINANCE**  
 Warwick District Council  
 Riverside House  
 Milverton Hill  
 Leamington Spa  
 CV32 5HZ  
 Tel: 01926 456760  
 E-Mail: [benefits@warwickdc.gov.uk](mailto:benefits@warwickdc.gov.uk)

REF: HB3/V2/Sept 20

**CHILDCARE DETAILS FORM (HB3)**

**TO BE COMPLETED BY THE APPLICANT**

<b>ABOUT YOU</b>	<b>ANSWER</b>
Claim Number	
Claimant Full Name	
House/Flat name/number	
Street	
Town	
Postcode	
Name of Child/ren name you pay to be looked after.	
Name of Child/ren name you pay to be looked after.	
Name of Child/ren name you pay to be looked after.	

<b>ABOUT THE CHILDCARER</b>	<b>ANSWER</b>
Who provides the Childcare e.g. registered childminder, a school, a Local Authority, Other – please specify.	
Full Name of Childcarer	
Childcarer's Address: House/Flat name/number	
Childcarer's Address: Street	
Childcarer's Address: Town	
Childcarer's Address: Postcode	
Is the Childcare provided at the above address – Yes or No. If No give the address below.	
Childcare Address: House/Flat name/number	
Childcare Address: Street	
Childcare Address: Town	
Childcare Address: Postcode	

<b>ABOUT THE CHILDCARE</b>	<b>ANSWER</b>
Please state the day/s your child/ren are normally with the Childcarer (1)	
Please state the day/s your child/ren are normally with the Childcarer (2)	
What is the normal weekly cost of the Childcare?	£
Are your Childcare requirements likely to change during the next 6 months e.g. during school holidays – Yes or No	

<b>ABOUT THE CHILDCARE</b>	<b>ANSWER</b>
If Yes please state details of the change (1)	
If Yes please state details of the change (2)	
If Yes please state details of the change (3)	

**DECLARATION: Sign below to confirm you have read and understood the declaration.**

***I declare that the information I have stated on this form is true and complete. I understand that the Council may check the information I have given on this form. I know that I must inform the Council of any relevant change of circumstances which occur.***

<b>DECLARATION CONFIRMATION</b>	<b>ANSWER</b>
<b>Signature:</b>	
<b>Date:</b>	

**TO BE COMPLETED BY THE CHILDCARER**

<b>ABOUT THE CHILDCARE</b>	<b>ANSWER</b>
Are you a registered childminder, nursery or similar scheme? Yes or No.	
If <b>Yes</b> state your Registration Number	
If <b>No</b> please provide details why you are not registered.	

Please state in the table below details of the last 8 weeks charges (Please only provide the amount the customer pays):

<b>Week Ending</b>	<b>No. of Hours</b>	<b>Charge</b>	<b>Week Ending</b>	<b>No. of Hours</b>	<b>Charge</b>
<b>1.</b>			<b>5.</b>		
<b>2.</b>			<b>6.</b>		
<b>3.</b>			<b>7.</b>		
<b>4.</b>			<b>8.</b>		

Do these weeks represent the charges and the amount of Childcare normally provided? Please state Yes or No.

If you have stated No please give further details.

**DECLARATION: Sign below to confirm the information you have stated is true and complete.**

<b>DECLARATION CONFIRMATION</b>	<b>ANSWER</b>
<b>Signature</b>	
<b>Date</b>	

Applicant upon receipt from your Childcarer please return this form to –

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