Co-operative flexible benefits

Delivered by The Midcounties Co-operative























Childcare Provider Registration Form

Please aim to return this completed form within 7 days, to ensure that parents who have nominated to pay you with Childcare Vouchers will be able to do so straight away.

Part 1 - Your Details		
Contact Name:		-
Organisation (eg. nursery name):		
Address:		_
Telephone Number:		-
Email:		_
(IMPORTANT – this is so we can send you remittance advices)		
Fax:		
Name of the parent using your organisation:		
Part 2- Your status as a childcare provider		
Legislation requires that in order for parents to save tax and National Insurance on tuse a form of registered childcare. Registration must be through a recognised regul		ners, they must
Please indicate with which official body your childcare setting is registered:		
Ofsted (England) Care Standards Inspectorate for Wales Social Care and Social Work Improvement Scotland Health & Social Services Trust (NI) Other		
Please tell us your registration number	_, registration expir	у
date (where appropriate) and enclose a copy of your ce	ertificate.	

(Failure to send back copies of certificates will result in delays in registration and therefore delays in payment)

Part 3 - Your Payment Details

Our Payr	nents To You				
which are suitability	suitable for BACS payments dire , please contact your bank or to number for BACS payments – yo	below. We can only accept bank or building society details ectly into your account. If you are unsure of your account's building society. Many building societies have a general we will need to give us your roll number as a further specific			
Account N	Name	Name Of Bank/Building Society			
Sort Code (6 digits)		Roll Number or Reference			
		(only for building society accounts)			
Account N	Number (8 digits)				
Part 4 – Yo	our agreement				
a)	•	ouchers and agree to the terms and conditions as set by Co-operformation given on this form is accurate and true.	erative Flexible		
b)	I/we have completed the acceptance form giving all the information necessary.				
c)	I/we confirm that I/we am/are registered with an appropriate regulatory body as stated in Part 2 of this form. (I is a legal requirement that to receive payment by childcare vouchers, you MUST be a registered childcare provider. It is therefore your responsibility to advise us of changes, withdrawal or revocation of you certification).				
d)	I/we enclose a copy of my/our registration form, and give my permission to Co-operative Flexible Benefits to check the validity of my registration with the appropriate body if needed. I understand my details will not be used for any reason other than the operation of the Co-operative Flexible Benefits Childcare Voucher scheme.				
e)	means parent, grandparent, aun and includes step-parents, civil prelatives can only be considere	Qualifying childcare does not include care provided by a rest or uncle, brother or sister [whether by blood, half-blood, marricular and foster parents) in the child's own home. Childcare d'qualifying childcare' if the relative is a registered or approvide's own home, and whom also provides childcare for other non-real.	iage or affinity are provided by ved childcarer,		
Signed:	P	lease print your name:			
Position in	organisation:	Date:			

Thank you. Now please return your completed form to:

Carer Registrations

Co-operative Flexible Benefits, Co-operative House, Warwick Technology Park, Gallows Hill, Warwick, CV34 6DA

Terms and Conditions for Childcare Providers

I, the childcare provider agree to:

- Accept payments from Co-operative Flexible Benefits which have been initiated by parents for whom I provide childcare services only
- Supply evidence that I am appropriately registered with Ofsted or other regulatory body as stipulated by legislation, and allow Co-operative Flexible Benefits to check that my registration is valid
- Take responsibility for providing a satisfactory standard of childcare
- Inform Co-operative Flexible Benefits if my registration as a childcare provider lapses or is withdrawn.

Co-operative Flexible Benefits agrees to:

- Initiate payment into the bank account for which you have provided details within 1 working day of a parent requesting payment to be made
- Make no charge for processing payments to you
- Provide you with an account number, User ID and PIN so you can access our website and check on payments that have been made and are pending
- Provide a freephone number 0800 458 7929 for you to call and access payment information or request a free statement if you don't have access to the internet.