

# Wrap Around Childcare (WAC) Catterick

Eligibility and Application form for WAC pilot: Catterick.

Personal data recorded on this form is collected for processing purposes in line with the General Data Protection Regulations (GDPR), Article 6(1)(e); Data Protection Act (DPA) 2018. Further details of how the Ministry of Defence processes your personal data can be found at: [MOD privacy notice \(www\)](http://www.mod.gov.uk/privacy-notice)

Processing of this data is necessary for application screening and funding approval where applicable.

Please note that by completing this form you are consenting to the information contained within it to be used to process your application for Wrap Around Childcare, (WAC). This means that details will be shared with those members of staff who are required to check your eligibility status including your local HR Personnel, (this could also include APC OH in Glasgow and Operational Commitments Establishment (OCE)), the Childcare Support Team and potentially HMRC.

The application data will be stored on a secure system, or in the case of a hard copy, (paper), submission the application will be scanned and stored on a secure system with the original being shredded. Due to the requirement to reconfirm eligibility at the three month point then this application data will be retained for as long as you take part in the WAC.

The application data will be used to provide statistical data on the uptake of the WAC which will be shared within the MOD and potentially with partner organisations but any data used in this way would not contain personal information other than where required by HMRC. The application data will also be used to contact your preferred childcare providers in order that the payment system can be set up.

Enter your full name (this is the name of the primary Serving person)

Enter your rank (this is the rank of the primary Serving person)

Enter your Service (this is the Service of the primary Serving person)

- Royal Navy
- Army
- Royal Air Force

Enter your Service number (this is the Service number of the primary Serving person)

Enter your PStat Cat (if you are married to a Service person choose a S, Civil Servant/recognised welfare org choose a C)

- PStat Cat 1
- PStat Cat1S
- PStat Cat 1C
- PStat Cat 2
- PStat Cat 2S
- PStat Cat 2C
- PStat Cat 3
- PStat Cat 3S
- PStat Cat 3C
- PStat Cat4
- PStat Cat4S
- PStat Cat 4C
- PStat Cat5
- PStat Cat5S
- PStat Cat5C

Select your UIN from the list below

- A5812A - APC OCC HEALTH MATERNITY (ARMY PERS ONLY)
- A5812B - APC OCC HEALTH ADOPTION (ARMY PERS ONLY)
- A5812C - APC OCC HEALTH SHARED PARENTAL LEAVE (ARMY PERS ONLY)
- A2456A - LD GAZA BARRACKS
- A2973A - 1 RMP HQ/150 PRO COY, BOURLON BKS/MUNSTER BKS

- A1725A - 1 MI BN, BOURLON BKS, MUNSTER BKS
- A1726A - 2 MI BN, BOURLON BKS, MUNSTER BKS
- A3867A - 5 AMR, GAZA BKS
- A2457A - RL, CAMBRAI LINES, MUNSTER BKS
- A2266A - 4 SCOTS, BOURLON BKS, MUNSTER BKS
- A1112A - 1 REME, MEGIDDO EAST, MUNSTER BKS
- A6056A - HQ SCHINF, VIMY BKS
- A0908A - ITC SP BN, VIMY BKS
- A4357A - 1 ITB, VIMY BKS
- A5826A - 2 ITB, HELLES BKS
- A0207A - 5 RA, MARNE BKS
- A0303A - 32 ENGR, MARNE BKS
- A0420A - HQ 4 INF BDE & HQ NE, BOURLON BKS, MUNSTER BKS
- A0089A - HQ CATTERICK GARRISON, BOURLON BKS, MUNSTER BKS
- A1717A - BAND RAC, PIAVE LINES
- A2052A - BAND REME, PIAVE LINES
- A2174A - 3 AEC (ETS(N) VIMY BKS
- A3901A - PRU, CAMBRAI LINES, MUNSTER BKS
- A0047N - PRC, PHOENIX HSE, RICHMOND RD
- A7890Q - AWS CATTERICK, HIPWELL LODGE
- A3844C - RC LOG SP MOV DET - PIAVE LINES
- A3786N - MPGS CATTERICK, VIMY BKS
- A3696B - 11 EOD 521 SQN, PIAVE LINES
- A2116A - 150 PROVO COY - BEACH HEAD LINES
- A1208J - 33 SIB DET - BEACH HEAD LINES
- A08641 - CAST(N), OLD SANDES BLDG (CATTERICK ROAD)
- A0049B - RG RR(N) OT NE, MARNE BKS
- A5674A - DPHC (SN) HQ, CAMBRAI LINES, MUNSTER BKS
- A5674Q - DPHC (N) MED CTRE, CAMBRAI LINES, MUSTER BKS
- D0955C - DPHC (N) DENTAL, DENTAL CTRE, SCOTTON ROAD
- A5674C - DPHC (N) ROHT, HORNE ROAD
- F7451D - DPHC (N) RRU, LEISURE CTRE
- A5991A - DIO SD TRG (N), WATHGILL CAMP
- A3006V - MCLO BABCOCK, PIAVE LINES

- P0754M - DEFENCE MAIL CENTRE, PIAVE LINES
- A4415C - LEAT, PIAVE LINES
- A0582A - 1 YORKS, ALMA LINES, MUNSTER BKS (DEC 20)
- A0507A - 1 SG, SOMME BKS (APR 21)
- D1170A - JOINT HOSPITAL GROUP (N)
- A3998A - SPEC OPS REGT (RMP)

If your UIN was not listed above then please record it and your organisation below, else please insert NA

Enter your contract type (this is the contract type for the primary Serving person)

- Regular
- FTRS(FC)

Enter your National Insurance No (this is of the primary applicant and is required to ensure that tax is dealt with correctly at the end of the pilot)

Enter you Home Address (if you are serving unaccompanied then please state "Unacc" and any mail will be directed to your home address used later in the application)

Enter your contact phone number (this is used should we need to verify any data on the form and should be your work telephone number - where you have one)

Enter your email address (this should be the MODNet email address for the main Serving applicant)

Enter your Assignment Start Date

Enter your Future Availability Date

Is/are your child/children recorded on JPA - note that they are required to be recorded on JPA in order to confirm eligibility. If they are not recorded then you will not be able to claim WAC.

Yes

No - you will need to ensure that your children are recorded on JPA to be eligible

Child's name \*

Child's DOB \*

Child's home address (where the child is resident for the majority of the time) if different from applicant home address above. If not then type NA

Is this child already making use of wraparound childcare?

Yes

No

Is this through..... (tick all that apply)

- Breakfast club
- After school club
- Both
- Childminder
- Other

Will you be claiming WAC for more than one child (aged 4 - 11)

- Yes
- No

Enter the name of child two

Enter the DOB of child two

Enter the child's home address if different from child one/enter NA if same

Is this child already making use of wraparound childcare?

- Yes
- No

Is this through .....(tick all that apply)

- Breakfast club
- After school club
- Both
- Childminder
- Other

Do you wish to claim for a third child? (Aged 4 - 11)

Yes

No

Enter the name of child three

Enter the DOB of child three

Enter the child's home address if it differs from child 1/2 (if the same type NA)

Is this child already making use of wraparound childcare?

Yes

No

Is this through.....(tick all that apply)

Breakfast club

Afterschool club

Both

Childminder

Other

Do you wish to claim for a fourth child? (Aged 4 - 11)

Yes

No

Enter the name of child four

Enter the DOB of child four

Enter the child's home address if it differs from child 1/2/3 (if the same type NA)

Is this child already making use of wraparound childcare?

- Yes  
 No

Is this through.....(tick all that apply)

- Breakfast Club  
 After School Club  
 Both  
 Childminder  
 Other

Do you wish to add child 5?

- Yes (please contact [DCYP-HQ-WACP-Mailbox@mod.gov.uk](mailto:DCYP-HQ-WACP-Mailbox@mod.gov.uk))  
 No

Do you already have a Tax-Free Childcare account?

- Yes  
 No

If you already have a tax free childcare account(s) please list the unique payment reference(s) which start with 1100, (each child you are claiming for will have an individual unique payment reference, where you are claiming for multiple children then please list their first name followed by the unique payment reference) :



Do you already make use of a salary sacrifice Childcare Voucher Scheme e.g. the Armed Forces Childcare Voucher Scheme, run by Sodexo for this child(ren)?

Yes

No

What is the name of the Childcare Voucher Scheme e.g. AFCVS?

Will you be using multiple wraparound childcare providers?

Yes

No

Maybe

Please enter the name of the childcare provider you intend to use, if known.

Please enter the address of the childcare provider you intend to use, if known

Please state the provider email address

Please state the Ofsted (or equivalent) registration number(s)

If you are intending to use multiple providers then please provide their names, addresses, contact numbers and emails as well as their Ofsted, (or equivalent), registration numbers below

Please state your relationship status

- Married
- Divorced
- Civil Partnership
- Lone Parent
- Co-Habiting

Full name of your partner

Partner Rank/Title

Partner address details (if different from Serving applicant) if the same then put NA

Partner contact telephone number

Partner contact email address

Partner Service/employee number, if they have one (if self-employed please include the Company Registration No)

Partner National Insurance number

Employment details (include name and address of employer/employment agency. If self employed please enter the registered business address)

Hours worked per week

Hourly rate (or weekly salary)

Attach relevant data to your email - this could be a screen shot saved from your phone. This needs to be evidence that your partner is eligible in terms of the hours they work and their hourly wage

Are any of the children that you are applying for Registered Disabled? If so please attach details (this could be a copy of their disability record)

Declaration:

I/we herewith confirm that the above details are correct and that, at the start of the pilot

I am/we are expecting to work a minimum of 16 hours per week each, with a weekly wage equivalent to the 16 hours at the National Minimum or Living Wage.

I/we understand that it is my/our responsibility to inform the MOD Childcare Support Team as soon as our circumstances change.

I/we acknowledge that we will need to re-affirm our eligibility every three months.

I/we understand that funding of wraparound childcare will end in July 2022 and that future funding of wraparound childcare will depend on a decision being made by Government to introduce an Armed Forces wide scheme.

I/we acknowledge that during the course of the pilot we may be contacted by the MOD Childcare Support Team to understand how the pilot is progressing and that we will make every effort to partake in this research.

I/we acknowledge that any fraudulent claim may result in the recovering of monies paid and the further legal and/or disciplinary action may be taken.

Please enter date of completion

Signed: