



BARRINGTONS CHILD CARE VOUCHERS

Application to Join the Scheme

Personal Details:

Name: _____

Home Address: _____
_____ Telephone: _____

Employer's Name: _____

Employer's Address: _____
_____ Telephone: _____

Child(ren) for whom vouchers are required:

Full Name: _____	Date of Birth: _____
Relationship*: _____	Registered Disabled? Yes / No
Full Name: _____	Date of Birth: _____
Relationship*: _____	Registered Disabled? Yes / No
Full Name: _____	Date of Birth: _____
Relationship*: _____	Registered Disabled? Yes / No
Full Name: _____	Date of Birth: _____
Relationship*: _____	Registered Disabled? Yes / No

* Your relationship with the child, i.e. parent, step-parent, other (please specify).

Child Care Provider(s):

Name: _____

Address: _____

_____ Telephone: _____

Name: _____

Address: _____

_____ Telephone: _____

Name: _____

Address: _____

_____ Telephone: _____

If you will be splitting payment between more than one child care provider, please indicate the value of vouchers you will require each month:

Child Care Provider: _____

Amount: £ _____

Child Care Provider: _____

Amount: £ _____

Child Care Provider: _____

Amount: £ _____

I hereby confirm:

1. that from the date stated on my salary sacrifice agreement form I shall be paid my reduced salary and, in addition, child care vouchers to the value indicated above;
2. that I accept responsibility for informing my employer if I have a change in circumstances;
3. that if I wish to vary the value of the vouchers, a new salary sacrifice agreement form will need to be completed;

4. and understand that the child care vouchers are valid for the tax year in which they are issued;
5. and understand that I will receive, and be responsible for, the full amount of the child care vouchers that I receive;
6. and understand that the child care vouchers cannot be redeemed or transferred, at any time, for cash;
7. that I am the parent or other legal guardian of the child or children in respect of whom the voucher(s) will be used to provide child care facilities;
8. that I am responsible for selecting the individual or institution that will provide child care facilities;
9. neither my employer nor Barringtons Ltd has any liability (either expressed or implied) for the acts or omissions of such child carer(s), unless Barringtons Ltd has failed to check that the child carer(s) is registered under the Children Act 1989.

Signed: Date:

Once completed and signed, this form should be sent to:

Mrs Sheila Wood, Director of People Development
Barringtons Ltd, 570-570 Etruria Road, Newcastle, Staffs ST5 0SU

Telephone: 01782 713700
Fax: 01782 713379
Email: sew@barraccount.co.uk