

## Employed Person's Allowance (EPA) for people who have child care charges

### About this form

Use this form to tell us about payments that you make to a child care provider or nursery to look after any of your children who are under 13 years of age. The charges must be payable to a registered child care provider or other organisation recognised by this Department and your child/children must be receiving the child care when we receive your claim for Employed Person's Allowance, or have received child care on a regular cycle before this date.

You will need more than one of these forms:

- If you use more than one child care provider or nursery.
- If you have more than 3 children who are receiving child care.

If you need more copies of the form please download them from [www.gov.im/socialsecurity](http://www.gov.im/socialsecurity), call us on 685679 or 685458 or collect them from a Social Security office.

### How to complete this form

Please complete this form carefully, in ink and block capitals.

Please answer every question, do not cross through any questions as this may delay your claim.

Get your child care provider or nursery to complete Part 7.

You must claim within 1 month of starting to pay the charges or them changing, if you delay sending in this form you may lose money.

### Part 1 About you

**Title** Mr  Mrs  Miss  Ms

**Surname**

**Other names**

**Date of birth**    **Telephone number**

**National Insurance (NI) number** Letters   Numbers     Letter

**Address**   
 Postcode

**Your email address (optional)**

### Part 2 About the person or organisation looking after the child/children

**Surname or organisation's name**

**Other names**

**Daytime telephone number**

**Address where children are cared for**   
 Postcode

**Is the above child care provider related to the child(ren) you are claiming child care charges for?** Yes  No



**Part 3 Breakdown of current weekly charges**

Name of child	Child's age	Number of hours cared for each week	Hourly charge*	Weekly charge*
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

\*amount before any pre-school credits are deducted

**Part 4 Date charges started/stopped**

If this is a new claim or a one-off claim for a specific period please tell us:

- The date the charges started/will start
- The date the charges will stop (if applicable)

Are you responsible for paying the full amount of child care charges? Yes  No

**Part 5 How the Treasury collects and uses information**

When we collect information about you we may use it for any of our purposes, including dealing with benefits and allowances, employment and training and occupational and personal pension schemes.  
 We may get information about you from others for any of our purposes if the law allows us to do so.  
 We may also share information with certain other organisations if the law allows us to.  
 To find out more about how we use information, contact any of our offices or visit our website at <https://www.gov.im/about-the-government/departments/treasury/privacy-notice/>

**Part 6 Declaration**

- I understand that the information I have provided may be checked with other sources.
- I declare that the information that I have given on this form is correct and complete.
- I understand that I may be prosecuted if I give information that is incorrect or incomplete.

**Signature**  **Date**

Please ask your child care provider to complete the next section, and then give this form back to you. If you delay sending in this form you may lose money.

**Part 7 Child care provider or nursery manager's declaration**

What is your DHSC Registration and Inspection Unit, ROCA registration number?

- I certify that the information about child care charges given on this form is correct and complete.

**Surname**  Mr/Mrs/Miss/Ms **Initials**   
**Signature**  **Date**

- Please give this form back to the person whose children you look after.

**Part 8 What to do next**

Check that you have answered all the questions and send or take this form to -

**Address:** EPA Team, Social Security Division,  
 Markwell House, Market Street,  
 Douglas. IM1 2RZ  
 or to the Ramsey office.  
**Telephone:** 01624 685679 or 01624 685458  
**Email:** EPA@gov.im  
**Website:** www.gov.im/socialsecurity

All calls to and from Social Security are recorded for quality purposes, to prevent crime or misuse, to ensure staff act in compliance with required procedures and standards and assist in the provision of training, monitoring and service improvement.