

# Guaranteed Childcare Assistance Payment application



MINISTRY OF SOCIAL  
DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

If you're under 20 and in full-time education, training or work-based learning, you may be able to get Guaranteed Childcare Assistance Payment (GCAP) to help with the cost of pre-school childcare. This can also include a home-based educator top-up fee.

If you have a partner, in order to get GCAP there needs to be a good reason why your partner can't provide childcare. For example, your partner is studying, working or actively seeking work.

You can find out more at [workandincome.govt.nz/GCAP](https://workandincome.govt.nz/GCAP)

## When to apply

### Apply now – before your child starts the programme

To get GCAP from the day your child starts the programme, you need to apply before your child's first day.

You can apply online at [workandincome.govt.nz](https://workandincome.govt.nz)

If you can't apply online or you get Young Parent Payment, send your application and supporting documents to the address below or take them to your nearest Work and Income service centre.

Youth Services Support Unit  
PO Box 200010  
Manukau 2156.

## Who needs to complete each section

Part A – You need to complete this section.

Part B – If you don't have a partner, live at home and are dependent on your parents/step-parents/guardians, please ask them to complete Part B.

Part C – If you have a partner, they need to complete and sign Part C.

Part D – You complete this section, then ask your school to sign it.

Part E – You complete this section, then ask your training or work-based learning provider to sign it.

Part F – Your childcare provider completes and signs this section.

**What you  
need to bring**

Use this checklist to tick off all the documents you need to provide. Talk to us if you don't have any of the documents, have given them to us recently or if there might be a delay in getting them.

Proof of who you are:	For you	For your partner (if you have one)
<b>If you were born in New Zealand</b> , bring one type of official identification that has your full legal name and your date of birth (for example, your birth certificate, passport, driver licence, firearms licence, deed poll).	<input type="checkbox"/>	<input type="checkbox"/>
<b>If you were born overseas</b> , bring proof that you have a right to live in New Zealand (for example, a citizenship certificate, a New Zealand passport, a passport from another country with residence class visa or proof of permanent residence).	<input type="checkbox"/>	<input type="checkbox"/>
<b>If your name has changed</b> , bring your marriage certificate, deed poll, or other proof of the name change.	<input type="checkbox"/>	<input type="checkbox"/>
You need to bring <b>two</b> more documents that help to prove who you are (for example, a bank statement, phone or power account, driver licence).	<input type="checkbox"/>	<input type="checkbox"/>
Full birth certificate for <b>each dependent child</b> in your care	<input type="checkbox"/>	<input type="checkbox"/>

**If you're using identification that has expired, it must not be more than two years past the expiry date.**

# Guaranteed Childcare Assistance Payment

## Part A

### Applicant's form



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In the applicant form, 'you', 'your', and 'yourself' means the person applying for Guaranteed Childcare Assistance Payment.

If we say 'your partner' this only applies to you if you have one.

If you've received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your Community Services Card if you have one.

Client number

### Tell us the names you've been known by

1

#### What is your full name?

☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other 

First and middle names

Surname or family name



#### ATTACHMENT FOR Q1:

Bring proof of your identity. What you need to bring is explained on page 2.

2

#### Is the name on your birth certificate the same as above?

☐ No  ☐ Yes

First and middle names

Surname or family name



#### HOW TO ANSWER Q3:

For example, have you had married names, English names, changes by deed poll, or aliases?

3

#### Have you ever been known by any other name?

☐ No ☐ Yes 

1.

2.



#### ATTACHMENT FOR Q3:

Bring your marriage certificate, deed poll, or other proof of any name change.

4

#### What name would you like us to call you?

☐ The name I wrote in Question 1 ☐ The name I wrote in Question 2☐ Other

## Tell us more about you

5

### What date were you born?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

6

### Are you:

☐ Male ☐ Female ☐ Gender diverse



#### ATTACHMENT FOR Q7:

Bring a form or letter from Inland Revenue showing your tax number.

7

### What is your Inland Revenue tax number?

<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"/>
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## Tell us how we can contact you

8

### Where do you live?

Flat/House number Street name

<input type="text"/>	<input type="text"/>
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Suburb

Town/City



#### HOW TO ANSWER Q8:

If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.



#### HOW TO ANSWER Q9:

Mailing address can include a PO Box, rural delivery details, or C/O address.

9

### Is your mailing address different from where you live?

☐ No ☐ Yes

<input type="text"/>
<input type="text"/>



#### HOW TO ANSWER Q10:

Please only give us contact details you would like us to use.

10

### How else can we contact you?

Tick the best way for us to first contact you

Home phone	(     )	<input type="text"/>
Mobile phone	(     )	<input type="text"/>
Other phone	(     )	<input type="text"/>



#### INFORMATION FOR Q11:

With an email address and mobile number you can sign up to MyMSD online. It's an easy way to keep your details with us up to date and view some of your letters online. We may also email you information.

11

### Do you agree to get text messages and emails from us?

☐ No ☐ Yes  ☐ I don't have an email address

## Tell us your ethnicity

12

**① INFORMATION FOR Q12:**  
We collect this information for statistics we use in research and future development work.

Tick the group(s) you most identify with.

<input type="checkbox"/> Māori	→ Which tribe(s) or iwi?			<input type="text"/>		
<input type="checkbox"/> New Zealand European	<input type="checkbox"/> Niuean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Indian			
<input type="checkbox"/> Other European	<input type="checkbox"/> Tokelauan	<input type="checkbox"/> Tongan	<input type="checkbox"/> Chinese			
<input type="checkbox"/> Cook Island Māori	<input type="checkbox"/> Other	↓ If other, write below		<input type="checkbox"/> Don't want to answer		
<input type="text"/>						

## Tell us about your residence status

13

Do you usually live in New Zealand?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
-----------------------------	------------------------------

14

What best describes your residence status in New Zealand? Tick only one box.

<input type="checkbox"/> New Zealand citizen by birth	Go to question 17			
<input type="checkbox"/> Granted New Zealand citizenship	→ Date citizenship granted	Day	Month	Year
	Go to question 15			
<input type="checkbox"/> Granted permanent residency	→ Date permanent residence granted	Day	Month	Year
	Go to question 15			
<input type="checkbox"/> Other	↓ If other, what is your residence status?	<input type="text"/>		

15

When did you arrive in New Zealand?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

16

What country were you born in?

## Tell us about your dependent children

17

### HOW TO ANSWER Q17

Please give the names of children you support financially and who live with you as a member of your family, including:

- your own children
- adopted children
- stepchildren
- children at boarding school
- grandchildren / mokopuna
- children you have shared care for.

The child's name should be the same as on the child's birth certificate.

### ATTACHMENT FOR Q17:

Bring the birth certificate for each dependent child unless you've given them to us recently.

## What is the name of the children you're applying for GCAP for?

**Child 1** Full name

Date of birth			Relationship to you
Day	Month	Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have a shared care arrangement for this child? ☐ No ☐ Yes

**Child 2** Full name

Date of birth			Relationship to you
Day	Month	Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have a shared care arrangement for this child? ☐ No ☐ Yes

**Child 3** Full name

Date of birth			Relationship to you
Day	Month	Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have a shared care arrangement for this child? ☐ No ☐ Yes

**Child 4** Full name

Date of birth			Relationship to you
Day	Month	Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have a shared care arrangement for this child? ☐ No ☐ Yes

**Child 5** Full name

Date of birth			Relationship to you
Day	Month	Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have a shared care arrangement for this child? ☐ No ☐ Yes

**Child 6** Full name

Date of birth			Relationship to you
Day	Month	Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have a shared care arrangement for this child? ☐ No ☐ Yes

**Child 7** Full name

Date of birth			Relationship to you
Day	Month	Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have a shared care arrangement for this child? ☐ No ☐ Yes

**HOW TO ANSWER 18:****18**

If you have pre-school children aged 3 and over, they may be able to get up to 20 hours of early childhood education (20 Hours ECE). It will depend on the type of childcare service your child attends and what they offer.

**Which children receive 20 Hours ECE from any childcare service?**
☐ None of my children
**Child 1** Full name

	Provider 1	Provider 2
Which childcare service does the child get up to 20 Hours ECE from?		
How many hours of 20 Hours ECE do you get each week in total?		
What date did the 20 Hours ECE start?	Day Month Year	Day Month Year

**Child 2** Full name

	Provider 1	Provider 2
Which childcare service does the child get up to 20 Hours ECE from?		
How many hours of 20 Hours ECE do you get each week in total?		
What date did the 20 Hours ECE start?	Day Month Year	Day Month Year

**Child 3** Full name

	Provider 1	Provider 2
Which childcare service does the child get up to 20 Hours ECE from?		
How many hours of 20 Hours ECE do you get each week in total?		
What date did the 20 Hours ECE start?	Day Month Year	Day Month Year

**Child 4** Full name

	Provider 1	Provider 2
Which childcare service does the child get up to 20 Hours ECE from?		
How many hours of 20 Hours ECE do you get each week in total?		
What date did the 20 Hours ECE start?	Day Month Year	Day Month Year

**Child 5** Full name

	Provider 1	Provider 2
Which childcare service does the child get up to 20 Hours ECE from?		
How many hours of 20 Hours ECE do you get each week in total?		
What date did the 20 Hours ECE start?	Day Month Year	Day Month Year

**19** **INFORMATION FOR Q19:**  
If you're getting a Childcare Subsidy for your child(ren), it'll need to be stopped if you want to get GCAP – as you can only get one.

**20** **INFORMATION FOR Q20:**  
Generally, a parent/step-parent/guardian is someone you're living with who provides financial support for you.

**If you're currently getting Childcare Subsidy from Work and Income for your children, do you give permission to stop it?**

☐ No ☐ Yes ☐ Not applicable

**Are you still under the care of your parents/step-parents/guardian?**

☐ No  
☐ Yes

**Your parent/step-parent/guardian must complete and sign Part B of this form (unless you have a partner).**

**Tell us about your relationship status**

**21 Do you have a partner?**

By 'partner' we mean someone you're in a relationship with. If you're not sure, please leave this section blank until you talk to us. In the meantime, go to question 22.

☐ No ☐ Yes

Your partner needs to complete the Partner form on page 11.

**Tell us about your work**

**22 Are you working?**

☐ No ☐ Yes

**Go to page 9**

**23 Who are you working for?**

Employer's name

Employer's contact details

Address	
Phone number	(     )
Email	

**24 How many hours a week, including lunch hours, do you spend at work?**

**25 How many hours a week do you spend travelling from the childcare service to work and returning?**



# Obligations, signature and checklist

## Let us know when things change

**You need to let us know about changes that might affect the Childcare Assistance, like:**

- your child leaving the childcare service
- if your child is absent and no absence fee is charged. Note: you must let us know within 15 days if the child is absent and the childcare service charges a fee
- starting, stopping or changing jobs
- starting or finishing part-time or full-time study
- changes to your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else)
- you or your child going overseas.

Changes to information about you or your family, like:

- name, address, contact details or bank account number
- starting or ending a relationship, marriage, or civil union
- a partner passes away
- the number of children in your care, including having another baby.

We also need to know if you:

- go into or come out of hospital
- are being held in custody or on remand.

## Your rights

**If you don't think we have things right or there's something you don't understand:**

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at [msd.govt.nz/reviews](https://msd.govt.nz/reviews)

## Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you is true and complete
- I understand what you do with my personal information and how you protect my privacy (privacy information is on page 18).

Applicant's name (print)

Applicant's signature

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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# Guaranteed Childcare Assistance Payment

## Part B



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Parents, step-parents or guardians form

If you don't have a partner, live at home and are dependent on a parent/step-parent or guardian, please ask them to complete this section.

### Parent, step-parent or guardian's details

1

What is your full name?

☐

Mr

☐

Mrs

☐

Ms

☐

Miss

Other

First and middle names

Surname or family name

2

What name would you like us to call you?

3

Are you currently getting Childcare Subsidy from Work and Income for the applicant's child (eg your grandchild)?

☐

No

☐

Yes

If you're getting Childcare Subsidy for your grandchild, this will need to be stopped if your child is to get GCAP



Tick here to stop this

☐

Write your client number

## Declaration and signature

The information I have given you is true and complete.

I consent to my child receiving GCAP for their child(ren).

Parent, step-parent or guardian's name (print)

Parent, step-parent or guardian's signature

Day

Month

Year

# Guaranteed Childcare Assistance Payment

## Part C

Partner's form



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If you're married, in a civil union or in a de facto relationship, your partner needs to complete and sign this form.

If you've received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your Community Services Card if you have one.

Client number

Tell us the names you've been known by

1

What is your full name?

☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other 

First and middle names

Surname or family name

2

Is the name on your birth certificate the same as above?

☐ No  ☐ Yes

First and middle names

Surname or family name

HOW TO ANSWER Q3:

For example, have you had married names, English names, changes by deed poll, or aliases?

3

Have you ever been known by any other name?

☐ No ☐ Yes 

1.

2.

ATTACHMENT FOR Q3:

Bring your marriage certificate, deed poll, or other proof of any name change.

4

What name would you like us to call you?

☐ The name I wrote in Question 1 ☐ The name I wrote in Question 2 ☐ Other

## Tell us more about you

5

### What date were you born?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

6

### Are you:

☐ Male ☐ Female ☐ Gender diverse

#### ATTACHMENT FOR Q7:

Bring a form or letter from Inland Revenue showing your tax number.

7

### What is your Inland Revenue tax number?

<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"/>
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## Tell us how we can contact you

8

### Where do you live?

Flat/House number Street name

<input type="text"/>	<input type="text"/>
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Suburb

Town/City

#### HOW TO ANSWER Q8:

If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

9

### Is your mailing address different from where you live?

☐ No ☐ Yes

<input type="text"/>
<input type="text"/>

#### HOW TO ANSWER Q9:

Mailing address can include a PO Box, rural delivery details, or C/O address.

9

### How else can we contact you?

Tick the best way for us to first contact you

Home phone	( <input type="text"/> ) <input type="text"/>	<input type="checkbox"/>
Mobile phone	( <input type="text"/> ) <input type="text"/>	<input type="checkbox"/>
Other phone	( <input type="text"/> ) <input type="text"/>	<input type="checkbox"/>

#### HOW TO ANSWER Q10:

Please only give us contact details you'd like us to use.

11

### Do you agree to get text messages and emails from us?

☐ No ☐ Yes  ☐ I don't have an email address

#### INFORMATION FOR Q11:

With an email address and mobile number you can sign up to MyMSD online. It's an easy way to keep your details with us up to date and view some of your letters online.

We may also email you information.

12

### Are you able to care for the children while your partner participates in education, training, work-based learning or part-time work?

☐ No

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

☐ Yes

# Obligations, signature and checklist

## Let us know when things change

**You need to let us know about changes that might affect the Childcare Assistance, like:**

- your child leaving the childcare service
- if your child is absent and no absence fee is charged. Note: you must let us know within 15 days if the child is absent and the childcare service charges a fee
- starting, stopping or changing jobs
- starting or finishing part-time or full-time study
- changes to your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else)
- you or your child going overseas.

Changes to information about you or your family, like:

- name, address, contact details or bank account number
- starting or ending a relationship, marriage, or civil union
- a partner passes away
- the number of children in your care, including having another baby.

We also need to know if you:

- go into or come out of hospital
- are being held in custody or on remand.

## Your rights

**If you don't think we have things right or there's something you don't understand:**

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at [msd.govt.nz/reviews](https://msd.govt.nz/reviews)

## Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you is true and complete
- I understand what you do with my personal information and how you protect my privacy (privacy information is on page 18).

Applicant's partner's name (print)

Applicant's partner's signature

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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# Guaranteed Childcare Assistance Payment

## Part D – Secondary school information



**MINISTRY OF SOCIAL DEVELOPMENT**  
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This part of the form is filled in by the applicant. A teacher (or someone in authority from the school) will need to confirm the details and sign the School Statement below. If you're attending The Correspondence School, the teacher can write a letter to confirm the school details rather than completing the School Statement on the next page.

### Secondary school details

1

**What is the name of the secondary school you are enrolled in?**

2

**The secondary school is a:**

☐

Mainstream school

☐

Teen Parent Unit

☐

The Correspondence School

☐

Activity Centre

☐

Other



**Please provide details below**

3

**What dates are you attending secondary school this year?**

Date you start (ed) school

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date you finish school

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

4

**Will you be returning to secondary school next year?**

☐

No

☐

Yes

5

**On average, how much time each week will you spend at school or in schooling, and travelling between the childcare service and school?**

Hours at school or in schooling

Travelling between childcare service and school

### School declaration

I confirm that the information provided is true and complete and I have the authority of the school to sign this statement. I also confirm that this school is an institution that runs a course of education at a secondary level as established under the Education Act 1989.

Name of school

School address

  

Phone number

Email

Authorised signatory's name (print)

Authorised signatory's signature

Official school stamp

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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# Guaranteed Childcare Assistance Payment

## Part E



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### Training or work-based learning

This part of the form is filled in by the applicant. The training or work-based learning provider will need to confirm the details and sign the Statement below.

#### Provider's details

1

What training or work-based learning do you attend?

2

Who runs this course?

3

What dates are you attending training or work-based learning this year?

Date you start(ed) attending

Date you finish attending

Day Month Year

Day Month Year

4

On average, how much time each week will you spend at training or work-based learning, and travelling between the childcare service and training or work-based learning?

Hours at training or work-based learning

Travelling between childcare service  
and training or work-based learning

### Training or work-based learning provider's declaration

I confirm that the information provided is true and complete and I have the authority to sign this statement.

Name of training or work-based learning provider

Training or work-based learning provider's name and address

Phone number

Email

Authorised signatory's name (print)

Authorised signatory's signature

Day Month Year

# Guaranteed Childcare Assistance Payment

## Part F



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### Childcare service supervisor's form

This form needs to be completed by the supervisor of the childcare service.

The information is required under section 298 of the Social Security Act 2018.

#### Childcare service details

1

What is the name of your childcare service?

2

What is your Work and Income childcare service number?

 |  | 

3

What are your organisation's contact details?

Work phone	( )
Mobile phone	( )
Email	

#### INFORMATION FOR Q4:

If you offer 20 Hours ECE you can't charge a fee for those hours unless you're a home-based educator and charge a top-up fee.

4

Does your childcare service offer 20 Hours ECE?

☐ No ☐ Yes

5

Do you charge a holding or absence fee?

☐ No ☐ Yes

#### HOW TO ANSWER Q6:

Please tell us your fee **after** you've applied any discount but **before** any Work and Income subsidy is applied.

GCAP can't be used for donations or optional charges, but can be used for the top-up fee.

6

Please provide details of the care for each child.

Child 1

Full name

Care start date

Day Month Year

20 Hours ECE start date  
(if applicable)

Day Month Year

Top-up fee start date  
(if applicable)

Day Month Year

Enrolment times	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Enrolled hours							
ECE hours used (if applicable)							

Type of childcare	Childcare provider	Home-based
Total hours each week		
ECE top-up fee charged to caregiver per hour		\$
Total weekly fee charged to caregiver (don't include ECE)	\$	\$



**Child 2** Full name

Care start date			20 Hours ECE start date (if applicable)			Top-up fee start date (if applicable)		
Day	Month	Year	Day	Month	Year	Day	Month	Year
<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"/>

Enrolment times	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Enrolled hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ECE hours used (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of childcare	Childcare provider	Home-based
Total hours each week	<input type="text"/>	<input type="text"/>
ECE top-up fee charged to caregiver per hour	<input type="text"/>	\$ <input type="text"/>
Total weekly fee charged to caregiver (don't include ECE)	\$ <input type="text"/>	\$ <input type="text"/>

**Child 3** Full name

Care start date			20 Hours ECE start date (if applicable)			Top-up fee start date (if applicable)		
Day	Month	Year	Day	Month	Year	Day	Month	Year
<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"/>

Enrolment times	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Enrolled hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ECE hours used (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of childcare	Childcare provider	Home-based
Total hours each week	<input type="text"/>	<input type="text"/>
ECE top-up fee charged to caregiver per hour	<input type="text"/>	\$ <input type="text"/>
Total weekly fee charged to caregiver (don't include ECE)	\$ <input type="text"/>	\$ <input type="text"/>



**ATTACHMENT FOR Q6:**

If you provide childcare for a fourth child please provide this information for that child on a separate piece of paper and attach it to this form.

**7**

**Write any comments here**

<input type="text"/>
<input type="text"/>
<input type="text"/>

**Supervisor's statement**

- The information I have provided is true and complete.
- I have authority to complete this form for my organisation.

Supervisor's name (print)

Supervisor's signature

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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# How we protect your privacy



**MINISTRY OF SOCIAL  
DEVELOPMENT**  
TE MANATŪ WHAKAHIATO ORA

## Collecting your information

**We collect your personal information, so we can provide income support, NZ Super or Veteran's Pension, Student Allowance, or Loans and connect you with employment, education and housing services. We do this under various Acts, which are all listed on our website at [workandincome.govt.nz/privacy](https://workandincome.govt.nz/privacy)**

- To help us do this, we collect information about your identity, your relevant history, and your eligibility for our services.
- We get this information directly from you, and we sometimes collect information about you from others, including other government agencies.
- You can choose not to give us your personal information, but we might not be able to help you if you don't.

## Using your information

**We use the information you give us to make decisions about the best way to help you.**

- These decisions may be about:
  - whether you're eligible for our services
  - running our operations and ensuring our services are effective
  - the services we'll provide in the future.

## Sharing your information

**Sometimes, we need to share your information outside our Ministry to reach our goal of helping New Zealanders to be safe, strong, and independent.**

- To do this, we may share your information with:
  - prospective employers to help you find work
  - contracted service providers that help us to help you
  - health providers if we need your medical information to assess your eligibility
  - other government agencies when we have an agreement with them
  - some other governments if you may be eligible to get or are getting an overseas pension.
- We also share personal information when the law says we have to.

## Respecting you and your information

**We make sure we follow the Privacy Act to do what's right when we use your information.**

- We treat you and your information with respect, by acting responsibly and being ethical.
- We make sure any technology we use meets strict security standards so it keeps your information safe.

## Get in touch if you have a question

**You have a right to ask to see your personal information, and to ask for it to be corrected if it's wrong.**

- If you have a question or a complaint, please get in touch.
- You can find full details about what we do with personal information in our privacy notice at: [workandincome.govt.nz/privacy](https://workandincome.govt.nz/privacy)