



Workplace Nursery Salary Exchange Scheme Application Form

1. General Details:

Surname First name

Colleague Number Contact Number

2. Details of Child(ren)

Nursery Name:					
Name of Child	Date of Birth (dd/mm/yyyy)	Date started at Nursery	Booking pattern	Weekly salary Exchange amount £	Fees for 4 weeks after discount £
				£	£
				£	£
				£	£

3. Salary Exchange Start Date:

4. Declaration

I understand and agree that as a participant in the Workplace Salary Exchange scheme my gross salary will be reduced by an amount detailed above which constitutes a change to my terms and conditions of employment and that the following conditions will apply:

The Society will pay the nursery fees equivalent to the salary exchange amount indicated above to the nursery provider.

I may amend my participation only at the annual renewal date or when my child leaves the nursery or if there is a lifestyle change.

I agree to give the Society and nursery no less than one months' notice when I wish to withdraw my child from the nursery and to withdraw from the salary exchange scheme.

I understand that I cannot receive a refund of nursery salary exchange monies.

Signature: Date:

Please return this form to:

@Your Benefits (Your.Benefits@midcounties.coop)

Reward and Benefits Manager: Co-operative House, Warwick Technology Park, Warwick, CV34 6DA.

Please keep a copy of this for your records.