

FINANCIAL SUPPORT APPLICATION 2017-2018

Office use only	
Date received:	_____
Home status checked <input type="checkbox"/>	Enrolled <input type="checkbox"/>
Course Validation <input type="checkbox"/>	Level <input type="checkbox"/> Flagged <input type="checkbox"/>
Student No:	_____

16-18 Bursary <input type="checkbox"/>	19+ Learner Support Fund <input type="checkbox"/>
16-18 Transport 5+ miles (More than 5 miles to Campus) <input type="checkbox"/>	Advanced Learner Loan Bursary <input type="checkbox"/>
Free Meals <input type="checkbox"/>	Loan Approved on Portal <input type="checkbox"/>

PLEASE READ THE ENCLOSED ELIGIBILITY & GUIDANCE NOTES BEFORE COMPLETION

PART A - PERSONAL INFORMATION

Surname			Forename		
Date of birth		Age	Nationality		
Email Address					
Have you been resident in the UK/EEA for the last 3 years?					YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you an Asylum Seeker?					YES <input type="checkbox"/> NO <input type="checkbox"/>
Home address					
				Post code	
Telephone			Mobile		
Please indicate who you live with: Partner <input type="checkbox"/> Parents <input type="checkbox"/> Relatives <input type="checkbox"/> Other <input type="checkbox"/> On own <input type="checkbox"/>					
Do you have any dependant children?					YES <input type="checkbox"/> NO <input type="checkbox"/>
If 19+ do you have an Education Health Care Plan? (If YES please attach)					YES <input type="checkbox"/> NO <input type="checkbox"/>

PART B - COURSE INFORMATION

Course Title(s)	Office use only			
	Start	End	Total GLH	Total Wks

INTENDED CAMPUS OF STUDY (PLEASE TICK ACCORDINGLY)

Bede Campus <input type="checkbox"/>	City Campus <input type="checkbox"/>	St Peter's Campus <input type="checkbox"/>	Washington Campus <input type="checkbox"/>
Other <input type="checkbox"/>	Please state: _____		
Days of Attendance: Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/> Friday <input type="checkbox"/>
Previous Student No (if applicable)	_____		

PART C - OTHER INFORMATION

TRANSPORT ARRANGEMENTS - TO BE COMPLETED BY ALL STUDENTS

Please indicate how you will travel to College:

Public Transport Private Transport

Other Please state:

If using Public Transport please indicate which transport operator you need to use to attend College:

Stagecoach Buses Go North East Buses Require Both Metro Arriva

Other Please state:

Please indicate the weekly cost of travel

ONLY TO BE COMPLETED BY STUDENTS AGED 16-18

Have you ever been in care/or are you a care leaver? (If YES please attach a letter from your Social Worker/Local Authority) YES NO

As a young person are you claiming Income Support or Universal Credit in your own right? YES NO

As a young person are you claiming Employment and Support Allowance together with either Personal Independence Payment or DLA? YES NO

Are you a young carer? YES NO

Do you give permission for your award and payments to be discussed with parent(s)/guardian(s)? YES NO

PART D - STUDENT'S BANK INFORMATION

STUDENT MUST HAVE THEIR OWN ACCOUNT. NOT ESSENTIAL IF ONLY APPLYING FOR 16-18 TRANSPORT 5+ MILES

Full name of Account Holder								
Name of Bank								
Branch								
Sort Code (6 digits)			-			-		
Account Number (8 digits)								

PLEASE ENCLOSE EVIDENCE OF BANK ACCOUNT SUCH AS LETTER FROM BANK/STATEMENT.

PART E - INCOME DETAILS

IF 16-18 TO BE FILLED IN BY PARENT(S)/GUARDIAN(S)
IF 19+ TO BE FILLED IN BY STUDENT

Please indicate if claiming any of the following benefits (tick all which apply):

Child Benefit (evidence required for all 16-18's)	<input type="checkbox"/>	Child Tax Credit	<input type="checkbox"/>
Employment & Support Allowance (income related)	<input type="checkbox"/>	Working Tax Credit	<input type="checkbox"/>
Job Seekers Allowance (income based)	<input type="checkbox"/>	Income Support	<input type="checkbox"/>
Pension Credits (minimum guarantee credit)	<input type="checkbox"/>	Universal Credit	<input type="checkbox"/>

Please specify any other benefits:

Do you work?

YES NO

Please outline Gross Annual Income

Adult 1

£

Adult 2

£

YOU MUST ATTACH PROOF OF BENEFIT OR INCOME SUCH AS A PHOTOCOPY OF A RECENT LETTER FROM BENEFIT AUTHORITY/BANK STATEMENT/TAX CREDIT AWARD NOTICE 2017-2018/P60.

PART F - SIGNATURE

IF AGED 16-18 BOTH THE STUDENT AND PARENT/GUARDIAN SHOULD SIGN THIS SECTION

I understand that payments are subject to me achieving agreed standards of behaviour, commitment and attendance each month. I confirm that I agree to the summary conditions which will be outlined fully in my award notification, and the Guidance for Students.

I confirm that the information given in this form is correct and complete to the best of my knowledge. I understand that the College has the right to make an independent check of any evidence produced and such action as is deemed appropriate in the event of any information I have given proven to be incorrect or false.

Signature of student		Date	
Signature of parent/guardian if 16-18		Date	

HAVE YOU REMEMBERED TO ENCLOSE:

Evidence of student's bank account	<input type="checkbox"/>
Evidence of child benefit from parent(s)/guardian(s) if 16-18	<input type="checkbox"/>
Evidence of relevant benefit or proof of household income	<input type="checkbox"/>

**PLEASE CHECK THAT YOU HAVE ANSWERED EACH SECTION FULLY.
INCOMPLETE FORMS CANNOT BE PROCESSED.**

Once complete, including evidence, please send to:

Sunderland College, Welfare Team, City Campus, Park Lane, Sunderland, SR1 3NX
or hand in to reception at your main campus of study.

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EVIDENCE CHECK:

Bank Evidence - attached	
Proof of Income & Child Benefit (only for 16-18) - attached	
Initials of Means Tested Benefit Claimed (if applicable)	
Total Household Income (if applicable)	

ELIGIBILITY CHECK (TICK IF ELIGIBLE):

Travel > ½ mile		Travel > 5 mile		Kit		Bursary/Grant		Free Meals & Breakfast	
Calculation for exceptional award/Placement Meal Costs									

AWARD DETAILS (PLEASE CIRCLE WHICH AWARDS ARE APPLICABLE):

Accessed by		Checked by		Date processed	
Categories of Support	Travel Costs	Key Card	Vouchers	Amounts Awarded	
	Kit Costs internal	B&E			
	Bursary	Grant			
	Other (outline)				
	Free Meals & Breakfast Standard £357 + £99 = £456	Internal for South Shields Sport Dev. = £742			Cashless/ Internal:
Voucher No's/Key Card Ref (if applicable)				Total Awarded	

PAYMENT PLAN (THIS SHOULD NOT INCLUDE ANY AWARDS FOR KEY CARDS/VOUCHERS/STANDARD FREE MEALS/INTERNAL PAYMENTS)

No. of Initial BACS Instalments		Monthly payment	£	=Total	£
Remaining Monthly BACS Instalments		Monthly payment	£	=Total	£

RE-ASSESSMENT

Rationale for re-assessment	
Calculation of Award	
Payment Plan	

ADDITIONAL DETAILS

Withdrawal Date		Further Information	
End of Academic Year - Total Paid	£		