



**FURTHER EDUCATION
LEARNER SUPPORT FUND**

2011 - 2012

APPLICATION FOR FINANCIAL SUPPORT

For all learners aged 19 and above on

1st September 2011

PRIVATE & CONFIDENTIAL

Please return this form to:

Financial Welfare Coordinator
HELPZONE
South Devon College
Long Road
Paignton
TQ4 7EJ

Please make sure you have read the guidance notes before completing this form. Incomplete forms will be returned to the applicant.

For Office Use

Date Received

Application No.

Part 1. PERSONAL DETAILS	
Surname	Title (Mr – Mrs – Miss – Ms)
Forename(s)	Learner Ref. <i>Office Use Only</i>
Address	Date of Birth
	Age at 31/08/11
	Telephone No.
Post Code	
Have you been resident in the UK or EU for the whole of the three-year period preceding your course? YES/NO	
Residential Status (please tick – if 'other' please give further detail)	
British Citizen <input type="checkbox"/> EU /EEA Citizen <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Refugee <input type="checkbox"/> Other <input type="text"/>	

Part 2. COURSE DETAILS			
Name of Course(s)	Year 1 (please circle)	Year 2	Year 3
Number of hours per week	Number of weeks of course		
Part 2a. ASSISTANCE WITH COURSE			
Have you been told by Job Centre Plus that you must undertake training? YES / NO	If 'Yes' please indicate if this training is at South Devon College? YES / NO		
Do you have a Career Development Loan? YES / NO	Are you receiving ALG Payments? YES/NO		
	If Yes, how much? £		

Part 3. Priority Groups - Please tick a category below which reflects your circumstances			
Aged 19 + and taking 1 st full Level 2 course <input type="checkbox"/>	Eligible for Fee remission (JSA & ESA working variety) <input type="checkbox"/>	Learner on a 'Skills for Life' Programme <input type="checkbox"/>	
Aged 19-24 and taking 1 st full Level 3 course <input type="checkbox"/>	Those in care or have recently left care <input type="checkbox"/>	Learners with learning disabilities / and or disabilities <input type="checkbox"/>	
Those on probation <input type="checkbox"/>	Those recently made redundant (within 6 months) <input type="checkbox"/>	None of the above <input type="checkbox"/>	

Part 4: YOUR PREVIOUS EDUCATION

Please indicate the qualifications you have already achieved.

Priority support will be given to learners on their first full qualification at their chosen level. See guidance sheet.

Level of Qualification (Your previous qualifications will be verified)	Number Achieved	Level / grade	Year Achieved
GCSEs (or equivalent), grade D - G			
GCSEs (or equivalent), grade A*- C (may indicate a Level 2 qualification)			
AS Levels (may indicate a Level 3 qualification)			
A-Level / National Diploma (may indicate a Level 3 qualification)			
GNVQ / NVQ (please circle level achieved 1, 2, 3 or 4)			
Other (HND / Degree or similar) please state type			

Part 5: YOUR PERSONAL DETAILS

Your Marital Status: (Please tick)	Single		Married		Living with a partner	
	Widowed		Other (Please state)		Office use only	
Are you living with a parent(s)? <i>If Yes, you must provide evidence of parent's or guardians income in part 6</i>	YES / NO		Residential / shared accommodation?			
Are you a lone parent?	YES / NO		Number of children (if applicable)?			

Part 6: HOUSEHOLD INCOME**YOU MUST PROVIDE PROOF OF INCOME OF ALL RELEVANT FAMILY MEMBERS**E.g. copies of 3 Pay Slips / P60 / Benefit claim letters
(NB: If are 25+ and living with parents/guardians you will be assessed on your individual income)

	Amount you receive £	Frequency E.g. weekly/ Monthly / annually.	College Use Only
Your Parents /Guardians Income – Gross earned income / Self employed earnings (you must include last 3 months pay slips)			
Your Income – Gross earned income (you must include last 3 months pay slips)			
Your Partners Income - Gross earned income (you must include last 3 months pay slips)			
Job Seekers Allowance / Income Support			
Housing Benefit			
Working Tax Credit / Child Tax Credit			
Disability Benefits *			
Other (please state)			
TOTAL			

* N.B. Disability Living Allowance is not used in our assessment

Income Evidence Required

Means Tested Benefit such as JSA, ESA, Income Support, Housing Benefit or Council Tax Benefit	Benefit letter dated within 6 months of course start date showing name, address and benefit received.
Working Tax Credit	Current Year Inland Revenue WTC Award Notice showing total household income under £15276 (figure subject to change)
Salary / Earnings	Last 3 months payslips / P60 or letter from employer stating earnings.

Part 7. COURSE EXPENSES – Essential Items – Academic year 2011 / 2012 only

Please complete this section accurately.

Your tutor or the Helpzone staff can provide details on your course expenses, if required. Please note that we are not able to assist with Tuition Fee costs.	£ state the £ <u>amount</u> of financial support you require	Already Purchased	Receipts attached (Please tick)
Examination / Registration Fees	£	Yes / No	
Course Books	£	Yes / No	
Equipment / Materials	£	Yes / No	
CRB Check cost	£	Yes / No	
Travel Costs	£	Further details if necessary:	
Other (Please specify)	£	Yes / No	

PART 8. CHILDCARE EXPENSES

The college nursery, Tom Thumb exists to support college learners and therefore you are encouraged to use this facility.

It is **strongly advised** that you contact the Manager at the college nursery (01803 540578) to arrange your child's place. Support for a limited number of outside providers breakfast / after-school club places will be considered.

- **All childcare providers must be OFSTED registered.**
- **All** eligible students will be expected to contribute to the cost of their childcare provision.
- If your child is eligible for LEA funded sessions and you are using the college nursery, these **must** be used at the nursery to cover your required sessions, you may then apply for additional cover, if required.
- All payments are made directly to the childcare provider by BACS each month. These payments are dependent on attendance reports, in some cases this may delay payment.
- Retainer and holiday cover costs cannot be claimed for and must be paid for in full to the provider.

Who is the childcare for?	Number of sessions you require each week? Please indicate specific sessions:						
Name(s) Date of Birth(s) Age	<table style="width:100%; text-align:center;"> <tr> <td>Mon am / pm</td> <td>Tues am / pm</td> <td>Wed am / pm</td> </tr> <tr> <td>Thurs am / pm</td> <td>Fri am / pm</td> <td></td> </tr> </table>	Mon am / pm	Tues am / pm	Wed am / pm	Thurs am / pm	Fri am / pm	
Mon am / pm	Tues am / pm	Wed am / pm					
Thurs am / pm	Fri am / pm						

Name & Address of Childcare Provider (Nursery / Childminder or After School Club)	Office use only <i>Approve / Reject</i>								
COST £ <input style="width:100px;" type="text"/> per DAY / HALF DAY / HOUR / SESSION (Please circle)	<table border="1" style="width:100%;"> <tr> <td>No. Sessions</td> <td></td> </tr> <tr> <td>No. Lunches</td> <td></td> </tr> <tr> <td>No. Weeks</td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> </tr> </table>	No. Sessions		No. Lunches		No. Weeks		TOTAL	
No. Sessions									
No. Lunches									
No. Weeks									
TOTAL									

Is your child eligible for 3-4 year olds LEA sessions? YES / NO If yes, how many sessions per week? <input style="width:40px;" type="text"/> Please state LEA sessions start date?	Providers OFSTED registration number (this is essential information)
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IF USING TOM THUMB - AUTHORISED SIGNATORY:	DATE:	Age Group / Room:
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Notes:

Part 9. STATEMENT IN SUPPORT OF YOUR APPLICATION

Please state clearly your reasons for applying *(you may attach an additional sheet / information if necessary)*

Part 10. YOUR DECLARATION – Please read carefully before signing

- I declare that the information in this form is correct, to the best of my knowledge.
- I undertake to advise the Fund Administrator of any change in my financial circumstances.
- I understand that I am eligible for help from this fund only if I am a current student at South Devon College.
- I understand that giving false or misleading information may result in action taken against me and may jeopardise present and future applications.
- I understand that South Devon College is under a duty to protect the funds it administers and to this end may use the information provided on this form to prevent and detect fraud.
- **I understand that I will not be eligible for funds if I have any outstanding debts to the college.**
- **If I abandon the course, I undertake to repay my award to the Learner Support Fund.**

SIGNATURE OF APPLICANT:

DATE:

OFFICE USE ONLY

CATEGORY		AMOUNT (£)		Payments to:	Notes / Instalments		
Books	Vouchers						
	Student						
Equipment							
Travel					1	2	3
Exams %	College						
	Student						
Childcare							
Other					1	2	3
TOTAL		£					
AUTHORISED BY:				DATE:			
COMMENTS / NOTES:					APP NO		
					PG		
					ILR		