

16-19 BURSARY FUND ELIGIBILITY APPLICATION FORM

***** **CONFIDENTIAL** *****

Please complete all of the sections of this form

Please complete this form using BLOCK CAPITALS

For Office Use

SECTION 1 – About The Parent / Carer
Please provide your name as known by the Benefits Agency, Inland Revenue, Liberata or National Asylum Support Service.

Ref:

Surname:		Title:	Mr/Mrs/Miss/Ms	
First Name		Middle Name		Your Date of Birth:
Address:				
			Postcode:	
National Insurance No:		Contact Telephone Numbers:		
Do you have a husband/wife or partner living at this address?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please give details:	Surname:		First Name:	

Have you moved home in the last 12 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please give your previous address:		

SECTION 2 – Confirmation of parent / carer benefit received

Is the parent(s) / carer(s) in receipt of:			
1) Free School Meals*	In Progress <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>* Please note we are unable to process your application for bursary funding until you receive notification of authorisation from Wiltshire Council that your application for free school meals has been approved.</i>			
2) Child Tax Credit/Universal Credit**		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>** As proof of receipt of Child Tax Credit and income, please provide a copy of the HMRC Final Tax credits/Universal credit decision document for the most recent financial year for which you have records (or suitable alternative eg. P60) (We require 3 consecutive monthly copies of Universal Credit Award notices).</i>			

SECTION 3 – Confirmation of young person’s status

Name		Date of Birth	Tutor Group	
<p>Is the young person:</p> <ul style="list-style-type: none"> • in care YES <input type="checkbox"/> NO <input type="checkbox"/> • a young carer YES <input type="checkbox"/> NO <input type="checkbox"/> • receiving income support/universal credit YES <input type="checkbox"/> NO <input type="checkbox"/> • a disabled young person receiving both Employment Support Allowance and Disability Living Allowance YES <input type="checkbox"/> NO <input type="checkbox"/> <p>Evidence of receipt of any benefits is requested.</p> <p>Please indicate what the Funding will be used for: <i>(Supply any additional information on a separate sheet)</i></p>				
<p>Mode of transport to school <i>(please give details, e.g. bus number / names):</i></p>				

SECTION 4 – Bank details of young person (into which funding will be paid)

<p>Name of young person <i>(as per bank account)</i></p>	
<p>Bank Name:</p>	
<p>Sort Code:</p>	
<p>Account Number:</p>	

Declaration:

I confirm that the information on this form is correct at the time of completion, and that I will inform the school as necessary if circumstances change.

Signed: (Parent / Carer)

Signed: (Student) Date:

<p><u>Office Use Only</u></p>	
<p>Assessed by (initials)</p>	<p>Assessment Date:.....</p>
<p>Entitlement:</p>	<p>Letter type:.....</p>