Date received





APPLICATION FOR 19+ FINANCIAL ASSISTANCE (DISCRETIONARY LEARNER SUPPORT FUND AND ADVANCED LEARNER LOAN BURSARY)

ACADEMIC YEAR 2021 - 22

The Learner Support Fund and Advanced Learner loan Bursary is a grant available to support you during your studies. The LSF is not a loan and is only repayable if you leave the College. The amount you receive is based on your level of income and course you are studying.

Please complete the application form if you would like to be considered.

SECTION 1: PERSONAL DETAILS

Please complete all the details requested, in full. If you do not provide the information requested your form will be returned and this will delay your application.

| Surname: | Forename: | | |
|---|-----------------------|--------|------|
| Date of Birth: DD/MM/YYYY | Age: | | |
| Address: | | | |
| | Postcode: | | |
| Home Telephone No: | Mobile No: | | |
| Course Title: | Main campus of study: | | |
| Are you a British Citizen ordinarily resident in the UK? | | Yes | No |
| If you are not a British Citizen, what is your residential status? | | | |
| Have you been ordinarily resident in the UK/EEA for three year immediately preceding your course? | S | Yes | No 🗌 |
| Who do you live with? (Please tick) | | | |
| Parent(s) Guardian Foster Parent Rela | ative Partner | On Own | |
| I do not claim any benefits and I am not employed | | | |
| Are you in applying for an Advanced Learner Loan for your fee (Please tick) | s? | Yes | No |
| Do you have an Education Health Care Plan? | | Yes | No |
| SECTION 2: COSTS YOU WOULD LIKE HELP WITH | | | |
| TRAVEL | | Yes | No 🗌 |
| Please give details and supply evidence of travel (bus tickets / | ′ pass / etc.) | | |
| Details: | | | |
| | | | |

SECTION 3: INCOME

My application for financial help is based on my / my family's receipt of an income-related benefit:

| Type of benefit | Evidence Required | Please Tick |
|---------------------------------------|--|-------------|
| Income Support / Universal Credit | Letter (current at start of course) showing benefit entitlement and/or recent bank statement | |
| Income-based Job Seekers Allowance | Letter (current at start of course) showing benefit entitlement and/or recent bank statement | |
| Housing/Council Tax Benefit | Letter addressed to your current address, showing entitlement for year 2021/22 | |
| Working Tax Credit | Tax Credit Award Notice for 2021/22 | |
| Employment and Support Allowance | Letter (current at start of course) showing benefit entitlement and/or a recent bank statement | |

I/ my family do not receive an income-related benefit. My application is based on myself /my family's low household income which does not exceed £30,000 gross per annum

| Income | Evidence Required | Please Tick |
|----------------------|--|-------------|
| Low Household Income | Last 3 months' pay slips or a P60 for last tax year | |
| Low Household Income | Child tax credit/working tax credit notification for 2020/2021 | |

SECTION 4: CHILDCARE

B

Please complete this section if you require help towards childcare costs. We will only provide support for students using OFSTED registered childcare facilities. Please attach copies of the child/children's birth certificates.

| | First Name | Surname | Age | Birth Certificate (please tick) |
|---------|------------|---------|-----|------------------------------------|
| Child 1 | | | | |
| Child 2 | | | | |

| | Name of Provider | Address of Provider | Telephone Number | OFSTED Reg No. |
|---------|------------------|---------------------|---------------------|-------------------|
| Child 1 | | | | |
| Child 2 | | | | |

BANK ACCOUNT DETAILS

If your application is successful payments will be made direct to your bank account. You will receive an awarding letter confirming this. If you do not supply the college with your bank account details then a cheque will be raised in your name to the account payee only.

Name of Account Holder:

Bank Account Number:

Name of Bank:

Sort Code:

SECTION 5: DECLARATION

- · I certify the information I have given in this application is true and accurate
- · It is my responsibility to inform the LSF coodrinator if I withdraw from my course
- I understand that I may be required to repay some or all the money awarded, if I withdraw from the course or provide false information
- I understand that if my attendance level or progress drops below a satisfactory standard, my award may be stopped
- I agree to Tyne Coast College processing the personal data on this form for reasons connected with my
 application and the College's legitimate business needs
- I understand that the information may be shared with the Eduation and Skills Funding Agency who are responsible for planning and funding education and training for adults in England
- I have read and understood this declaration and the College's regulations regarding the administration of the Learner Support Fund
- I understand that it is my responsibility to inform the Department of Work and Pensions about any support I receive

Student Signature:

Date:

| DD/MM/YYYY | |
|------------|--|
| | |

Please return form to: The Gateway, TyneMet College, Battle Hill Drive, Wallsend, NE28 9NL Contact Telephone Number: 0191 229 5000

FOR OFFICE USE ONLY

| Notes: | | | |
|--------|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

٦