

19+ Discretionary Learner Support Fund Application 2019/20



OFFICE USE: DATE APPLICATION RECEIVED: _____

This completed Application Form and evidence must be handed in within 4 weeks of your start date. If the Application Form and evidence is presented later than that date, payments can only be backdated up to 4 weeks.

Please complete the form and bring it together with your supporting evidence to reception at the relevant campus.

Learner Details					
Title:		Student First Name:		Student Surname:	
DOB:			Age: (You must be 19) on 31 August 2019 to apply:		
Address:					
Postcode:		Telephone:		Email:	
Have you the right of abode and been resident in the UK for the last 3 years?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a Level 2 qualification (eg 5 GCSEs at Grade C (Grade 4) or above or NVQ Level 2 or equivalent)?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a Level 3 qualification (eg 2 A'Levels, 4 AS Levels) or NVQ Level 3?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Course Title: _____				Yr1 <input type="checkbox"/>	Yr2 <input type="checkbox"/>

19+ Discretionary Learner Support Fund (see policy section 2)
To qualify you must be aged 19 or over on 31 August 2019 and meet the ESFA's residency criteria. The bursary is paid to enable you to attend training with us and will only be paid if your attendance and behaviour meet the required standard. Time sheets must also be completed to enable you to receive bursary payments if you have a work placement.

19+ Discretionary Support - Criteria					
Your household income is one of the criteria which will help us to assess your application. If your TOTAL Household income exceeds £25,000 per annum, you will not be eligible for a LSF payment.					
Please tick to indicate what type of evidence you have provided. If you cannot provide evidence then we cannot process your application for LSF payments.					
Full TCAN Notice (18/19)	<input type="checkbox"/>	Income Support/Universal Credit (last 3 months)	<input type="checkbox"/>	P60 (18/19)	<input type="checkbox"/>
Self employed earnings (official tax return 18/19)	<input type="checkbox"/>	Other benefits/pension (award letter)	<input type="checkbox"/>	Wage slips for household x last 3 months	<input type="checkbox"/>
Please list the names of the household members and relationship to learner who work or receive benefits:					
Name			Relationship to Learner		

The amount of financial assistance you will receive is dependent on your personal circumstances. It is intended to help you with the costs of overcoming any financial barriers you may have when attending learning. Using the table below, please tell us what you will need financial assistance for and how much you believe you will need for each **day** in learning. This information is strictly confidential and will only be used for this assessment purpose.

19+ Discretionary Learner Support Fund

19+ Discretionary Support – Criteria <i>If applying to Ludlow College, see separate sheet.</i>	How much needed?	Number of days?
Tuition and Exam Fees	£	
Travel (if living more than 10 miles from college. State weekly mileage to and from college if travelling by car:	£	
Essential study materials (please check with your tutor)	£	
Appropriate clothing / Equipment costs to suit training and placement requirements – expected to be less than £850 pa	£	
Course field Trips	£	
Accommodation (see policy for what would be eligible):	£	
Childcare (evidence and details of Nursery/Childminder charges and Ofsted registration required):	£	
Any other additional costs (please specify):	£	

Learner Bank Details (see policy section 5)

Please provide your **bank details** below, as printed on your bankcard or statement (see policy for payment process). Bursary payments will be paid directly into Learners bank accounts only (by BACS). Please be aware that Providers can choose to pay Bursary awards 'in kind' eg, by purchasing any equipment required or providing learners with a travel pass.

Account Name: _____ BIB Reference (Admin Use Only): _____

Account Number: Sort Code:

LEARNER DECLARATION

- I declare that the information on this form is true and accurate to the best of my knowledge. I have made this claim for LSF payment, fully aware that any false statements can lead to withdrawal/refusal of any financial support and may lead me open to prosecution.
- I understand that if I refuse to provide information, which may be relevant to my claim, the Application will not be accepted.
- I understand that monies I receive under the LSF Scheme will be paid on condition of standards of attendance and behaviour, as explained in the 19+ Discretionary LSF Policy.
HOLIDAYS WILL BE UNPAID.
- I will attend regularly and complete the course for which the LSF is supporting me.
- When changes to my household financial circumstances occur (which may result in changes to my claim), I confirm I will notify my Provider immediately.
- I will notify my Provider immediately with any changes to my Bank/Building Society details.
- I understand that monies I receive under the LSF Scheme have been awarded to provide me with financial support to allow me to continue in learning, and if I leave learning, financial support will stop.
- I understand that I do not have an automatic entitlement to LSF payments, and all payments are based on the information I have provided.
- I am clear that the LSF payments I receive are to provide me with means to remain in learning and are to be used for items such as: books, equipment, travel costs, trips, additional costs ie. meals, miscellaneous course costs, childcare, etc.
- I understand I have the right to appeal if I disagree with the outcome of my LSF Application. This appeal should be made to my Provider, but if I feel I have not been treated fairly, I can follow the Complaints Procedure as explained in the 19+ Discretionary LSF Policy.

I confirm I have read the 19+ Discretionary LSF Policy which was given to me with this application.

Applicant Signature: _____ **Date:** _____