

16-19 Financial Support Application Form

Please deliver this form to the Finance Department along with all supporting evidence

Please complete all in BLOCK capitals:

Surname:		Forename:	
Date of Birth:		Sex: Male/Female	
Home Address:			
How long have you been a resident in the UK?			
Home Telephone Number:		Parent Mobile Number:	
Learner Mobile:		Learner Email:	

1. Are you a young person in care?	Yes	No
2. Are you a care leaver?	Yes	No
3. Are you a young person in receipt of Income Support/Universal Credit in your name?	Yes	No
4. Are you a disabled young person in receipt of employment and support allowance who are also in receipt of disability living allowance or PIP?	Yes	No

If you have answered YES to any of the above questions, please attach evidence of this with your application form.

5. What is your household income? (Please complete)	£
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6. Does your household receive means-tested benefits e.g. Working Tax Credit/Universal Credit?	Yes	No
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Please supply evidence of your household income by way of a P60, Working Tax Credit annual statement letter from HMRC, Receipt of Benefit Notification, Tax Credit Award Notification or Self-Employed Income Notification.

7. How do you travel to the centre?	
8. If by public transport, what are the weekly costs?	

Please supply evidence of the cost of transportation to the centre.

9. Do you have any course/equipment costs?	Yes	No
10. Please provide additional information:		

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11. Please provide the Learner banking details, where funds might be sent by BACS:	
Account Holder's Name:	
Bank Name:	
Sort Code:	
Account Number:	

I/We confirm that all information provided is true and I will notify the centre if any circumstances change. I/We understand that the financial support will be provided on the basis of certain conditions set by the provider as detailed in the Financial Support. I understand that money can be claimed back if I/we knowingly gave information which is discovered to be false.

Please hand this form to the Finance Department along with all supporting evidence

Learner Signature: _____ Parent Signature: _____ Date: _____

Provider Use Only:

Date Assessment completed

Assessment Officer

Details of financial award

Review Date

List of Evidence Provided.

- 1.
- 2.
- 3.

Date learner record on PICS updated: