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| --- |
| For Office Use Only |
| Learner ID (Arbor) |
|  |
| Date Received |
|  |
| Staff Initials |
|  |

A purple and white logo

Description automatically generated with medium confidence

Please note: if you require help completing this form contact the admin team at [valleycollege@theviewtrust.org](mailto:valleycollege@theviewtrust.org)

or call 01706 214640 Option 2

**16-19 Learner Bursary Fund and Free School Meal Application Form**

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| **PART 1:** Personal Information |

**Learner Details:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | | | | Surname: | |  | | | |
| Address: |  | | | | | | | | | |
|  | | | | | Postcode: | |  | | | |
| Date of Birth: |  | | | | Age: | |  | | | |
| Yr of enrolment: | Year 1 |  | Year 2 |  | | Year 3 | |  | Other |  |
| Have you been resident in the UK for the past three years? Yes □ No □ | | | | | | | | | | |
| If No, what was your Country of Birth? Date of Entry into UK: | | | | | | | | | | |

**Advocate Details:**

|  |  |  |
| --- | --- | --- |
|  | **Advocate 1** | **Advocate 2** |
| Forename: |  |  |
| Surname: |  |  |
| Address: |  |  |
| Home Telephone: |  |  |
| Mobile: |  |  |
| Email: |  |  |
| Relationship to Learner: |  |  |

**Please tell us which area you will be travelling from:**

|  |
| --- |
|  |

**Please tell us how you will travel to College by ticking the relevant box:**

|  |
| --- |
| LA Transport 🞏 Bus 🞏 Walk/Cycle 🞏 Drive 🞏 Taxi 🞏 Get a Lift 🞏 |

**Please tell us what IT equipment is available for you to use at home:**

|  |  |
| --- | --- |
|  | |
|  | |
| **PART 2: 16 – 19 Bursary *(evidence will be required for all applications).*** | |
| Please answer **ALL** of the questions below: | |
| Are you a learner in care or an unaccompanied asylum seeker? | Yes □ No □ |
| Are you a learner care leaver? | Yes □ No □ |
| Are you a learner in receipt of Income Support or Universal Credit, where it replaces Employment Support Allowance, **in your own right**? | Yes □ No □ |
| Are you a learner in receipt of Employment Support Allowance **plus** Disability Living Allowance (or Personal Independence Payments) **in your own right**? | Yes □ No □ |

**If you have answered ‘YES’ to any of the above questions, then you will need to provide evidence to support your application. The evidence must include copies of your own bank statements for the last three months. Now please go to Part 4: Privacy Notice and complete all other sections of this form (there is no need to complete PART 3).**

**Please complete PART 3 (and all other sections) if you have answered ‘NO’ to all of the questions in PART 2.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART 3: College Discretionary Award *(evidence will be required for all applications)*** | | | | |
| Household Income: | | | | |
| Please state how many dependants are in the household and provide their names and ages:  *(Evidence could include award notices)* | | | | |
| Please advise of your annual household income. | | | | £ |
| **You must supply copies of evidence with this form to prove your household income – the application cannot be processed without this evidence (some examples of the types of evidence that can be used are shown below). Please write the relevant amounts in the spaces provided:** | | | | |
|  | **Advocate 1** | **Advocate 2** | **Examples of Evidence Required** | |
| **Annual** Salary (take home pay) |  |  | Payslips for last 3 months or recent tax return if self employed | |
| **Annual** Income Support/  Universal Credit |  |  | Screen shots of UC Portal showing payments for last 3 months | |
| **Annual** Child Benefit |  |  | Most recent award notice or Bank Statement | |
| **Annual** Child Maintenance |  |  | Bank Statement or letter dated within last 3 months | |
| **Annual** Working/Child Tax Credit |  |  | **All Pages** of most recent Tax Credit Award Notice | |
| Other **Annual** Income (i.e. Pension / Lettings) |  |  | Bank Statement or letter dated within last 3 months | |
| Other **Benefits** |  |  | Bank statement or most recent entitlement/award letter | |
| Total **Annual** Income |  |  |  | |

**Free Meals: Please be aware that learners who meet the criteria for the bursary fund will be eligible for a free meal at a rate equivalent to £2.53 per learner per meal. Please confirm below.**

|  |  |
| --- | --- |
| I am eligible for and opt to access a free meal (equivalent to £2.53 per learner per meal during term time). | **Yes □ No □** |

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| **PART 4:** Privacy Notice |

* Please be assured that the information you provide on this form, and any accompanying documentation, will be treated in the strictest confidence and only used for assessing eligibility for the Bursary Awards.
* The application and documentation will be stored securely. It may be subject to audit from the college’s internal auditors, or from the Education and Skills Funding Agency’s (ESFA) auditors. These audits are conducted from time to time to ensure that the college is making Bursary Awards in line with national policy. The college may report cases where Bursary Awards have been made, and the application is subsequently found to be fraudulent, to the ESFA.
* Bursary applications and supporting documentation will be retained for six years after the learner leaves college and will then be securely destroyed.

*If you would like further information regarding your privacy, please contact the college at* [*valleycollege@theviewtrust.org*](mailto:valleycollege@theviewtrust.org) *or by calling 01706 214640 Option 2.*

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| **PART 5:** Declaration |

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| By signing the declaration below, you are agreeing to the following statements: | |
| 1 | I, and my advocates, have exercised my/our eligibility to other forms of financial support before applying for the 16-19 Bursary Fund. |
| 2 | I have fully completed each relevant section of this application form. |
| 3 | I have enclosed all of the required evidence to support my application. |
| 4 | I, and my advocates, have provided accurate and correct information to support my application. I understand that Valley College may carry out checks to verify the evidence provided and subsequently may need to take action if any evidence provided is proven to be false or incorrect. |
| 5 | I, and my advocates, have read and understood the guidance notes supplied with this application form, and the information I/we have provided is a true reflection of my/our financial status. |
| 6 | I, and my advocates, take full responsibility for informing the college if my/our financial status changes. |
| 7 | I, and my advocates, understand that the conditions for receiving bursary awards are subject to learner attendance and engagement with their studies. |
| 8 | I, and my advocates, understand that should the learner for whom this application is made leave their learning programme they will not be eligible to receive further payments and overpayments may have to be repaid. |
| 9 | I, and my advocates, acknowledge that the learner for whom this application is made is eligible for 16-19 Bursary Funds on residency grounds and can provide suitable evidence of proof if required. |
| 10 | By signing and submitting this application, both I and my advocates, agree to the collection of the personal and financial information contained in this form which will be held in accordance with General Data Protection Regulations – see Part 4. |

Learner Signature: Date:

Advocate 1 Signature: Date:

Advocate 2 Signature: Date:

**Please return this completed form to:** The Admin Manager, Valley College, Ewood Campus, Clod Lane, Haslingden, Rossendale BB4 6LR (emailed copies of this application form will not be accepted).

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR OFFICE USE ONLY:** | | | |
| All required evidence received: | Yes □ No □ | Date: |  |
| Decision: | □ Approved Bursary  □ Approved Discretionary Award  □ Rejected  □ Further Information Needed | | |
| Reason for Approval: | □ CIC / Unaccompanied Asylum Seeker  □ Care Leaver  □ Claiming IS/UC in own right.  □ Receives ESA and DLA (or PIP) in own right.  □ Household Income  □ Number of Dependants | | |
| Reason for Rejection: | □ Household Income over Threshold  □ No financial need evidenced.  □ No response to contact attempts within 8 weeks of application receipt. | | |
| Applicant Notified of Decision: | Yes □ No □ | Date: |  |
| Comments: | | | |
| Appeal Letter Received: | Yes □ No □ | Date: |  |
| Result of Appeal: | | | |
| Applicant Notified of Result: | Yes □ No □ | Date: |  |