**[](http://www.southdowns.ac.uk/)South Downs College 16-19 Vulnerable Bursary**

**Application Form 2016 – 2017**

This form should be completed if you are a student, **aged 16-18** on 31 August 2016 and meet one of the following criteria:-

* + You are in receipt of Income Support in your own name
  + You are a Care Leaver or In Care
  + You are a disabled student in receipt of both Employment Support Allowance & Disability Living Allowance or you receive Employment Support Allowance & a Personal Independence Payment in your own name
  + You receive a Universal Credit Payment in your own name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 1 - Student Details** | | | | |
| Surname: | | | First Name (s): | |
| Address: | | | | |
|  | | Postcode: | | Date of Birth: |
| Home Tel No: | Mobile No: | | | Student Ref No: |
| Course Title: | | | | Age on 31st August 2016: |

|  |  |
| --- | --- |
| **Section 2 - Status** | **Please tick** |
| I live with my parent(s)/carer(s) |  |
| I live alone |  |
| I live with my partner |  |
| Other (please state) (e.g. homeless) |  |
| I have dependent children, please state their ages |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 3 - Please indicate the criteria that you meet. *Evidence must be supplied.*** | | | |
|  |  | **Please tick** | **Evidence Required** |
| **1** | Income Support |  | Benefits Agency letter stating you currently receive this benefit dated after 31st May 2016 |
| **2** | Universal Credit |  |
| **3** | Employment Support Allowance & Disability Living Allowance |  |
| **4** | Employment Support Allowance & a Personal Independence Payment |  |
| **5** | A young person who has been *looked after* for a period of 13 weeks or periods amounting to 13 weeks. |  | Written confirmation of your current or previous looked-after status from the authority whose care you are under or who provided your care leaving services |
| **6** | A young person who was a looked after child (as defined above) prior to becoming a *care leaver* |  |

|  |  |
| --- | --- |
| **Section 4 – Name & contact number of Social Worker/Support Worker if applicable** | |
| **Name:** | **Tel No:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 5 – DEDUCTIONS - such as travel passes, course equipment & clothing** | | | | | | | |
| **If applicable, you may prefer to pay for your travel, course equipment, clothing, etc., direct from your bursary; we would encourage you to do this so you do not have to pay out large amounts of money, for example, your bus pass.**  **Please indicate below the items that you would like us to deduct. A Student Advisor will meet with you individually to discuss these payments and how the system will work.** | | | | | | | |
| **Bus Pass** |  | **Books** |  | **Equipment** |  | **Clothing/Uniform** |  |
| **Trips** |  | **DBS** |  | **Stationery** |  | **Other** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 6 – Your weekly amount will be paid directly into your bank account, please provide the details requested below** | | | | | | | | | | | |
| **Full Name of Account Holder** | | | |  | | | | | | | |
| **Name of Bank/Building Society** | | | |  | | | | | | | |
| **Branch** | | | |  | | | | | | | |
| **Sort Code** |  |  |  | |  |  |  |
| **Account Number** |  |  |  | |  |  |  |  |  |
| Your account number may not be the same as the cash or debit card number: you can find it on a bank or building society statement. Most Account Numbers are 8 digits long. | | | | | | | | | | |

**Please enclose an account statement or letter from your bank or building society that shows your name, sort code, account number, roll number (if applicable) and home address. If the address is different from the address on your application form, please tell us why.**

I certify that the above information is correct and I give permission for college staff if appropriate to contact parents, carers or Social Workers. I agree to South Downs College processing personal data contained in this application form for the purpose of administering the support grant.

Your weekly payment

* Will be based on 100% attendance whilst maintaining a good standard of effort and behaviour during your course.
* Will be paid one week in arrears.
* Will not be made during college holiday periods, such as half terms, Easter, Christmas and the summer.
* Will not be made if you are on holiday.

|  |  |
| --- | --- |
| Signature | Date: |

**Please return this form to:**

**Health & Wellbeing Team, South Downs College, College Road, Waterlooville, Hants, PO7 8AA**

**or please phone Switchboard on 023 9279 7979 and ask for the Health & Wellbeing Team**