**16 – 19 Bursary Fund Application: Defined Vulnerable Groups**

**Section A (to be completed by the student)**

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| Title: |  |
| First Name: |  |
| Last Name: |  |
| Student ID Number: |  |
| Address Line 1: |  |
| Address Line 2: |  |
| Town: |  |
| Post Code: |  |
| Email: |  |
| Telephone: |  |
| Age on 31/08/2023: |  |
| Date of Birth: |  |
| Course Title |  |

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| I wish to claim support from the 16 – 19 Defined Vulnerable Group bursary fund, and I provide the following information as evidence of **my personal circumstances** (please tick as appropriate and attach documentary evidence) | |
|  | *Tick as appropriate* |
| Written Local Authority evidence of looked-after or care status, or of previous looked-after status. |  |
| For students in receipt of Income Support/Universal Credit who are financially supporting themselves and someone who is dependent on them, a copy of the award notice in their own name. |  |
| For students in receipt of Universal Credit who are financially supporting themselves and someone who is dependent on them who is living with them, a copy of the award notice in their own name, plus a tenancy agreement in the student’s name, a child benefit receipt, child(ren)’s birth certificate, utility bills etc. |  |
| For students in receipt of Universal Credit or Employment and Support Allowance in their own right, a copy of the claim/award notice, plus evidence of receipt of Disability Living Allowance or Personal Independence Payments. |  |
| Other relevant financial evidence relating to household income or circumstances (please specify). |  |
| Information provided is for this purpose only and will be treated in the strictest confidence. | |

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| **DECLARATION**  **I confirm that I have read the school’s attached guidance, and the information provided in this form is accurate.**  **I understand that any false information given, or failure to notify the College of a change in circumstances will result in disqualification of support and may result in further action.**  **I understand that payments may be withheld if do not uphold the College’s standards of attendance, conduct, and/or progress.**  **I confirm I consider myself/my child to be in financial need.** | |
| **Student signature:** | Date: |
| **Parent/Guardian/Carer signature:** | Date: |

**Section B (to be completed by the student)**

|  |  |
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| Student Bank/Building Society Details  To receive payments, you must have a bank account in your own name. If you do not have a bank account, you need to open one before completing this form. | |
| Name of Account Holder |  |
| Name of Bank |  |
| Sort Code |  |
| Account Number |  |
| \*If you are an unaccompanied asylum seeker and do not have the appropriate documents to allow you to open a bank account, your placement should provide their details. | |
| Please note that if your application for the 16-19 Bursary Fund is unsuccessful these details will be shredded. For those that are successful, these details will be kept securely and confidentially, in line with ESFA requirements. | |

**Section B (to be completed by the Bursary Fund Administrator)**

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| I confirm receipt of the necessary evidence to allow SACC to process this claim. Copies of documents are held ……. | |
| Course Costs:   * Transport cost from home address to SACC and return 4 days per week: * Course equipment (uniforms, etc.): * Any other reasonable costs: |  |
| Award approved/amount: |  |
| Authorised by Head of Finance | Date:  Name:  Signature: |

**Please return completed forms via email to** [**alisonjack@southend-adult.ac.uk**](mailto:alisonjack@southend-adult.ac.uk) **or post to Alison Jack, Curriculum Leader: Student Welfare, Southend Adult Community College, Ambleside Drive, Southend on Sea, SS1 2UP**