**Bursary Application Form**

This form is only to be used by students who have declared that they are care leavers and/or a student with a disability.

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| --- | --- | --- |
| **First name:** |  |  |
|  |  |  |
| **Surname:** |  |  |
|  |  |  |
| **ID Number:** |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Birth:** |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Address:** |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Postcode:**  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Email:** |  |  |
|  |  |  |
| **Telephone:** |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Course Title:** |  |  |  |  |  |  |
|  |  |  |
|  |  |  |  |  |  |
|  |  |
| **Year of Course:** | Year one |  |  | Year Two |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Are you a care leaver[[1]](#footnote-1)?** | Yes |  | No |  |  | **Do you have any specific learning difficulties or long term medical conditions/ disability?** | Yes |  | No |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Are you care experience?[[2]](#footnote-2)** | Yes |  | No |  |  |  |  |
|  |  |

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| **If you have ticked ‘Yes’ to the above questions, is the college aware that you are a care leaver/registered under learning difficulties or long term medical conditions/ disability?** |  | Yes |  | No |  |
|  |  |
| **[Please only fill out this section if it is applicable]** **During the Academic Year will your local authority be providing you with any financial help?**Please note that providing this information will not affect the award of the Bursary |
|  |
| Rent (Full/Partial) |  | Travel Costs |  | Childcare costs |  | Disabled Students' Allowances (DSAs) |  |
|  |
| Course Materials  |  | HE Bursary |  | Disability Living Allowance (DLA) |  |  |  |
|  |  |  |  |  |  |  |  |
| Other:  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you in receipt of the full maintenance loan?** | Yes |  | No |  |

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| **Declaration*** I confirm that the information given in this form is true, complete, and accurate to the best of my understanding.
* The written documentary evidence is enclosed to support my application.
* I understand that I will need to meet the College requirements (i.e. meet the minimum attendance rate and submit assignments on time etc.) to receive funding.
* I understand that if I do not meet the College requirements my Bursary might be stopped.
* I agree to the College processing and storing personal data contained within this form submitted as evidence. I also agree to the processing of such data for any purpose connected with my studies whilst at the College for any legitimate reason including communication with me following the completion of my studies.
 |
|  |
| Signature  |  |
|  |
| Date:  |  |  |  |  |  |  |

**Payment Details:**

**Disclaimer: Please note that the information you provide below will solely be used as part of this application.**

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| **Name on Card:** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Bank Account Number:**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |
| **Sort-Code:** |  |  |  |  | **-** |  |  |  |  |  | **-** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Please provide evidence you feel will support this application. This will include:

* Letter from Council to prove you have been in care (if applicable)
* Letter from the GP stating your learning difficulties/ medical conditions/ disability (if applicable)
* Letter of proof of adoption (adoption certificate) (if applicable)
* Letter from the local authority (social worker or case worker) etc. (if applicable)
* Letter from Student Finance London with the Student Finance Breakdown page

Please return the completed Bursary Application Form and all supporting evidence to the Student Welfare Officer. Please liaise with the Student Welfare Officer, if you require any support or have any queries. You will be notified by the Student Welfare Officer of the outcome of this application form within 21 working days unless stated otherwise.

**Please bear in mind that the award of a bursary will be based on a first come first served basis so it is best to apply as early as possible to avoid disappointment.**

If the application is rejected and you wish to appeal against the decision, the appeal should be addressed to the Chair of the Student Access and Success Steering Group, Aaron Porter (a.porter@nelsoncollege.ac.uk) via email, with accompanying evidence supporting the grounds of the appeal.

STAFF ONLY

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| **Care Leavers/ specific learning difficulties/ long-term medical conditions/ disability students must satisfy the following criteria to be eligible for the NCL bursary:** |
|  |  |
| The student must be enrolled in a full-time course of study offered by the College  |  |
|  |  |
| Have been in care (You will need proof of having been in care from an official source, such as a local authority). |  |
|  |  |
| Classified with a long term medical conditions/ disability and learning difficulties (evidence from the GP or medical evidence will be required). |  |
|  |  |
| Must be a permanent resident in the UK and a home student for fee purposes. |  |
|  |  |
| Must be in receipt of the maximum Maintenance Loan as assessed by the Student Loans Company. |  |
|  |  |
| The student will have to be on the College disability register or care leaver register. |  |
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| --- | --- | --- | --- | --- |
| Application status: | Accepted  |  | Rejected  |  |
|  |  |  |  |  |
| Eligibility amount:  |  |
|  |  |
| Payment details and method: |  |
|  |  |
| Staff name  |  |
|  |  |
| Signature: |  | Date  |  |
|  |  |  |  |
| Staff name  | **Athiq Islam** |
|  |  |
| Signature: |  | Date  |  |

1. Care Leaver as defined by the College are those who are **aged 18-25 years old** who are still under the responsibility of the local authority. This will also include all those who have experienced care at any stage of their lives, including those who have been adopted, estranged students and unaccompanied asylum-seeking children. [↑](#footnote-ref-1)
2. Care Experienced are those who are **aged 26 and above** who have been in care including those who have been adopted, estranged students and unaccompanied asylum-seeking children. [↑](#footnote-ref-2)