

Advanced Learner Loan Bursary Scheme Application 2020-2021



TRAFFORD
COLLEGE

Part 1 Application Form

1. Have you applied for an Advanced Learner Loan to pay for your course?

Yes

Please fill in details below

No

Do not fill in this form. Please check with Learner Services/ Main Reception who can if applicable help identify the correct form for you to use to apply for financial assistance whilst at college.

Section 1: Student's Personal Details

| | |
|--|--------------------|
| First Name | Surname |
| Date of Birth | |
| Age at start of course for which you have applied for an Advanced Learner Loan | |
| Address | |
| | |
| Postcode | Email |
| Telephone (landline) | Telephone (mobile) |

Section 2: Student's Course Details

What is the full title of the course you have applied for?

Please note it is important that you write the correct full name of the course you will be studying. Details are on your offer letter which you will have used to apply for your loan.

At which College site will you be studying?

Altrincham Campus Stretford Campus Other

Is your course Full time? Part time?

How many days per week will you be attending college for your course?

Section 3: Student's personal circumstances

Please read through the statements below and tick the one which applies to you

A) I live independently and do not live with a spouse or partner Please go to Section 5 - we need details of your income

B) I live with a spouse or partner We need details of your income and that of your spouse or partner
Please fill in Section 4 and then go to Section 5

C) I am 24 or under and I live with my parent(s)/Carer(s)/Guardian(s)
Please note that we will only consider you as **not dependent** on your parent(s)/carer(s) if we are satisfied that you live independently within their household. (We will require evidence of income which is sufficient to support you and evidence that you pay rent or towards household expenses.) If you wish to discuss further please contact Learner Services.
Please fill in Section 4 and then go to Section 5

D) I am aged 24 or under and I live with my parent(s)/carer(s) but I claim income related benefits in my own right

Section 4: Household Details

Please enter details of Student Parent(s)/Carer(s)/Guardian(s) or Spouse/Partner as applicable in the table

| | | |
|----------------|--------------------------------|----------------|
| Adult A | First Name | Surname |
| | Relationship to Student | |
| Adult B | First Name | Surname |
| | Relationship to Student | |

Section 5: Income Details

Please read through the list of different types of income/benefits in the table below

Please tick **all** boxes which apply to your current financial circumstances (and your spouse/ partner if you have one) and enclose the evidence requested (Photocopies are acceptable). Do not hand in this form without enclosing the correct evidence as we will not assess your application without it.

| Income/Benefit | Evidence Required | Tick to confirm evidence enclosed with application |
|---|--|--|
| Income Support | Recent award letter dated within 3 months which states entitlement to Income Support. | <input type="checkbox"/> |
| Job Seekers Allowance | Recent award letter dated within 3 months which states entitlement to Income Based Job Seekers Allowance. | <input type="checkbox"/> |
| Employment Support Allowance | Recent award letter dated within 3 months which states entitlement to Income Based Employment and Support Allowance. | <input type="checkbox"/> |
| Guarantee Element of Pension Credit | Recent award letter from the Pension Service which states your entitlement to Pension (guarantee) Credit | <input type="checkbox"/> |
| Working Tax Credit AND / OR Child Tax Credit | Working Tax credit 2020/2021 Tax Credit Award Notice (all pages) or your final 2019/2020 Tax Credit Annual Review for year ended 05/04/2020. | <input type="checkbox"/> |
| Carer's Allowance | Recent award letter dated within 3 months which states entitlement to Carers Allowance. | <input type="checkbox"/> |
| Incapacity Benefit | Recent award letter dated within 3 months which states entitlement to Incapacity Benefit. | <input type="checkbox"/> |
| Bereavement Allowance | Recent award letter dated within 3 months which states you are in receipt of Bereavement Allowance. | <input type="checkbox"/> |
| State, Occupational or Personal Pension | Recent award letter from the DWP or letter from relevant organisation dated within 3 months which shows the amount of payment received. | <input type="checkbox"/> |
| Earnings from employment | If monthly paid - the most recent wage slip for each person who is working. If weekly paid the most recent weekly pay slip-for each person who is working. | <input type="checkbox"/> |
| Universal Credit | Your three most recent UC statements from DWP which state your monthly income. | <input type="checkbox"/> |
| Any other income (Do not include Child Benefit, DLA, PIP or Attendance Allowance) | We need to know if you have any income other than those listed above. If you have please tick adjacent box and provide relevant evidence. | <input type="checkbox"/> |
| Council Tax Bill | Council Tax bill showing 25% single persons discount (if you are the only adult in the household) if you are not providing tax credit award. | <input type="checkbox"/> |

Section 6: Other Funding

Will you be receiving any other funding to help with the travelling costs? Yes No
If yes, please give details (include any Job Centre Plus Work Programme Funding)

If you are not applying for help with childcare costs, please read and sign Part 3: The Declaration and provide your bank details and signature in Part 4

Part 2 Applying for help with childcare

Section 7: Your Childcare Provider Details

Fill in the sections below according to how many children you are claiming childcare for. Please fill in as accurately as you can to reflect the childcare needed for your timetabled classes in college.

| Child 1 | | | |
|---|--------------------------------------|--|--|
| Name of Child | | Child's Date of Birth | |
| Name of Childcare Provider | | | |
| Address of Childcare Provider | | | |
| Type of Childcare Provision (Please tick) | | | |
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Childminder | <input type="checkbox"/> Before School Club | <input type="checkbox"/> After School Club |
| How much does the childcare cost? Per day/ half day/ before school/ after school (delete as applicable) | | Will the Provider charge during the school holidays? If yes, How much? Per day/ half day/ before school/ after school (delete as applicable) | |
| £ | | £ | |

| Child 2 (if applicable) | | | |
|---|--------------------------------------|--|--|
| Name of Child | | Child's Date of Birth | |
| Name of Childcare Provider | | | |
| Address of Childcare Provider | | | |
| Type of Childcare Provision (Please tick) | | | |
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Childminder | <input type="checkbox"/> Before School Club | <input type="checkbox"/> After School Club |
| How much does the childcare cost? Per day/ half day/ before school/ after school (delete as applicable) | | Will the Provider charge during the school holidays? If yes, How much? Per day/ half day/ before school/ after school (delete as applicable) | |
| £ | | £ | |

Section 8: Other Funding for Childcare Costs

Please read the statements below. Please tick any which are applicable to the child/ children named on this application.

I will be entitled to claim 3 year old funding for my child

I will be getting help from Job Centre Plus towards my childcare costs

Please tick if in receipt of childcare element for working tax credits and state the days childcare element is used for

Section 9: Evidence of Receipt of Child Benefit

In order to apply for help with childcare costs from the Advanced Learning Loans Bursary for your child/ children, you must receive Child Benefit payments for them. We need to see evidence which shows this.

Please tick one of the following and enclose the evidence requested. Please note we cannot process your application without this evidence

Recent letter of Entitlement to Child Benefit which names child/ children

Copy of child's/children's birth certificate.

Part 3 Declaration by Applicant

You confirm that:

You have applied for and been informed by Student Finance England that your application for an Advanced Learner Loan has been approved and you confirm that you are applying for financial assistance for the course for which you have obtained an Advanced Learner Loan.

You have filled in all applicable sections and have enclosed all necessary evidence. That the information that you have given on this form is – to the best of your knowledge – correct and true. You will inform the College in writing of any change to your circumstances.

You agree that:

Trafford College can process data contained in this form along with supporting evidence provided as well as on your Student Learning Agreement in order to access your eligibility for Discretionary Learner Support. If you have given personal information relating to anyone else on this form you have obtained their permission to do so.

Your information where relevant will be shared with 3rd party organisations. Application forms and associated evidence is stored securely on campus: for learners studying off site this data will be stored at one of our main sites (Stockport, Trafford or Stretford).

You understand that:

You are applying for Public Funds and that you may be committing a criminal offence if you omit to disclose any information that may affect your application.

You undertake to:

Repay on request from the College any award that you the Student are not entitled to or any award which has been issued if you the Student withdraw from your course.

You agree that:

If your attendance falls below 90%, you have poor behaviour or make unsatisfactory academic progress, payment for travel and other costs will not be made.

General Data Protection Regulations Agreement

Please tick **one** of the following options:

I have read and understood the GDPR statement and I agree to the holding and sharing of my data in relation to this application.

I don't agree to the holding of my data in relation to this application and sharing it for funding purposes

Name (please print)

Date

Signature

All application forms can be returned **by post** to our Altrincham Campus.

FREE POST TRAFF COLLEGE

You do not need to pay postage. Please address your envelope exactly as above - DO NOT WRITE ANYTHING ELSE ON YOUR ENVELOPE

If possible, please send photocopies of evidence, however any original evidence documents will be returned if you have clearly indicated that you want them to be returned.