


**Guidance to complete this form:**

- Please complete in BLOCK CAPITALS
- Please complete every section of the form with as much information as possible
- You may need to provide additional evidence where you see this symbol 

**Section 1 – Your Personal Details**

Your student number (on your ID card)  Leave blank if unknown

Your name

Your gender

Male

Female

Your date of birth

Your address

Your home telephone number

Your mobile telephone number

**Section 2 – About the other people living in your home**

Do you live with a partner?

Yes

No

If no, please go straight to Section 3

A partner is defined as someone you are married to / have a civil partnership with or live with as though you are married to / have a civil partnership with them

About your partner:

Name

Date of birth

Is your partner:

Employed

Self employed









Unemployed

Are there any children under 18 years of age living in your home for whom you or your partner have parental responsibility?  Yes  No If no, please go to Section 3


Number of children under the age of 18 years:

### Section 3 – Income

Do you or anyone mentioned in Section 2 receive any of the following benefits?

- |  |  |                             |
|--|--|-----------------------------|
| Income Support   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| Jobseekers Allowance   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| Employment and Support Allowance                             | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| Support under Part VI of the Immigration and Asylum Act 1999 | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| The Guarantee element of State Pension Credit                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| Working Tax Credit   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| Council Tax Benefit  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| Housing Benefit  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |

Do you have any other sources of income?

Yes  please indicate source and amount per month:

### Section 4 – Tuition fee support

Did you pay the tuition fee for your course?

Yes  No

If yes, how much did you pay?

£

### Section 5 – Costs associated with attending college

How are you planning to get to/from college?

Bus  Car  Cycle  Train  Walk  Other

Do you have to purchase a uniform for your course?

Yes  No If yes, how much does the uniform cost? £

Do you have to purchase any equipment?

Yes  No If yes, how much will the equipment cost? £

Will you need support for any other course related costs (e.g. CRB, UCAS, trips, residential, etc)?

Yes  No If yes, what support and how much will this cost?

**Section 6 – Childcare support**

Do you wish to apply for assistance with childcare costs?

Yes

No


|                        | Monday | Tuesday | Wednesday | Thursday | Friday |
|------------------------|--------|---------|-----------|----------|--------|
| Number of course hours |        |         |           |          |        |

| Name of child | Date of birth | Age | Name of nursery/childminder |
|---------------|---------------|-----|-----------------------------|
|               |               |     |                             |
|               |               |     |                             |
|               |               |     |                             |
|               |               |     |                             |

Please complete a Childcare Costs Form and return it with your supporting evidence

**Section 7 – Transitional Adult Learner Grant (ALG)**

If you received ALG in 2010/11, are you entitled to receive it in 2011/12?

Yes 

Please remember to submit your Notice of Entitlement if you will still receive EMA in 2011/12

**Section 8 – Your bank details**

All payments will be made by BACS payments directly to your bank account

Bank name

Branch location

Name of account holder

Sort code

Account number

Roll number (for Building Society accounts)

**Section 9 – Please use this space to provide any additional information to support your application**


## Section 10 – Declaration

By signing in the box below, you confirm that:

- The information you have given on this form is (to the best of your knowledge) correct and true
- You will inform Learner Services in writing of any change to your personal, family or financial circumstances
- You agree to Warrington Collegiate processing the personal information contained in this form in order to assess your eligibility for the 19+ Learner Support Fund
- You agree to Warrington Collegiate sharing relevant information with third parties if appropriate
- You understand that providing false information in order to gain funds from Warrington Collegiate is fraudulent and may be reported to the appropriate authorities

Signed

Date

**Remember** – if you have answered Yes to a question with this symbol  you must provide additional evidence (for example):

- Proof of Income Support
- A statement from the Department for Work and Pensions
- A letter from Her Majesty's Revenue and Customs
- A P60
- Tax Credit Award Notice
- Evidence of self employment income
- Proof of Council Tax / Housing Benefit
- Proof of Child Benefit or child's birth certificate (if applying for Childcare support)

Early application is encouraged – the initial deadline for applications is **Friday 9<sup>th</sup> September 2011**, however applications can be made at any time throughout the year

If you need support to complete this form, please come in to Learner Services – we are happy to help

**Please return your form and copies of any evidence to:**

Learner Services – Student Finance  
Warrington Collegiate  
Winwick Road  
Warrington  
WA2 8QA