



**Application Form**

**Section 1: Young Person Details**

<b>Student ID</b>	<input type="text"/>	<b>E-mail</b>	<input type="text"/>															
<b>Surname</b>	<input type="text"/>	<b>Forename</b>	<input type="text"/>															
<b>Home address</b>		<b>Date of Birth</b>																
<input type="text"/>		<table border="1"> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> </tr> </table>		D	D	M	M	Y	Y									
D	D	M	M	Y	Y													
<input type="text"/>		<b>Age on 1st September 2022</b>																
<input type="text"/>		<input type="text"/>																
<b>Postcode</b>		<b>Home Telephone Number</b>																
<input type="text"/>		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																
<input type="text"/>		<b>Mobile Telephone Number (if applicable)</b>																
<input type="text"/>		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																
<b>Do any of these apply to you? (tick all those that apply)</b>																		
I am living independently	<input type="checkbox"/>	I am a looked after young person	<input type="checkbox"/>															
I do not live with my parent(s)	<input type="checkbox"/>	I have been a looked after young person	<input type="checkbox"/>															
I am a parent	<input type="checkbox"/>	I am living in hostel accommodation	<input type="checkbox"/>															
I or my sibling(s) in receipt of Free School Meals	<input type="checkbox"/>	I consider myself disabled	<input type="checkbox"/>															
I am receiving Disability Living Allowance	<input type="checkbox"/>	I receive Income Support in my name	<input type="checkbox"/>															
I receive another Financial Benefit (please state below)	<input type="checkbox"/>	I am receiving Employment Support Allowance	<input type="checkbox"/>															
<input type="text"/>																		

**Section 2: Residency Status (tick all those apply)**

<b>British Citizen</b>	<input type="checkbox"/>	<b>EU/EEA Citizen</b>	<input type="checkbox"/>	<b>Asylum Seeker</b>	<input type="checkbox"/>	<b>Refugee/Indefinite Leave to Remain</b>	<input type="checkbox"/>
<b>Humanitarian Protection</b>	<input type="checkbox"/>	<b>Discretionary Leave to Remain</b>	<input type="checkbox"/>	<b>National Asylum Support System (NASS)</b>	<input type="checkbox"/>		<input type="checkbox"/>

**Section 3: Programme of Study**

<b>Year Group</b>	<input type="text"/>	<b>Programme of Study (e.g. AS/A2/ BTEC/GCSE)</b>	<input type="text"/>
<b>Subjects</b>	1	<input type="text"/>	2
	3	<input type="text"/>	4
	5	<input type="text"/>	6

## Section 4: Parent/Guardian/Carer(s) Details (to be completed by parent/guardian/carers)

<b>Adult 1</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Full Name <input style="width: 90%;" type="text"/> Home address (if different from young person) _____ _____ _____ Postcode <input style="width: 100px;" type="text"/>	<b>Adult 2</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Full Name <input style="width: 90%;" type="text"/> Home address (if different from young person) _____ _____ _____ Postcode <input style="width: 100px;" type="text"/>
Home Telephone Number <input style="width: 100px;" type="text"/> Mobile Telephone Number (if applicable) <input style="width: 100px;" type="text"/> Relationship to young person <input style="width: 150px;" type="text"/>	Home Telephone Number <input style="width: 100px;" type="text"/> Mobile Telephone Number (if applicable) <input style="width: 100px;" type="text"/> Relationship to young person <input style="width: 150px;" type="text"/>

## Section 5: Income Information (to be completed by parent/guardian/carers)

Do you receive any of the following?	<b>Adult 1</b>	<b>Adult 2</b>	<b>(evidence <u>must</u> be provided)</b>	<b>Adult 1</b>	<b>Adult 2</b>
Income Support	<input type="checkbox"/>	<input type="checkbox"/>	Income-related Employment Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Income-based Jobseekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
What was your total household income for the Tax Year 2021 / 2022?			£ <input style="width: 150px;" type="text"/>		

## Section 6: Bursary being applied for

Guaranteed	<input type="checkbox"/>	Discretionary	<input type="checkbox"/>	Exceptional*	<input type="checkbox"/>	*please enclose supporting statement outlining your needs
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## Section 7: Young Person Bank Details (if the application is successful, payments will be paid into your bank account)

Bank/Building Society Name	<input style="width: 95%;" type="text"/>	Name of Account Holder	<input style="width: 95%;" type="text"/>
Sort Code	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	Number	<input style="width: 100px;" type="text"/>

## Section 8: Parent/Guardian/Carer(s)/Young Person Declaration

*I confirm that the information given on this application form is true and correct*

Adult 1 Signature	<input style="width: 95%;" type="text"/>	Date	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Adult 2 Signature	<input style="width: 95%;" type="text"/>	Date	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Young Person Signature	<input style="width: 95%;" type="text"/>	Date	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

## Section 9: FOR SCHOOL OFFICE USE ONLY

Date Application Checked	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Checked by	<input style="width: 95%;" type="text"/>
Application Complete?	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Evidence Submitted?	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
		More information needed?	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>