



Application Form

Section 1: Young Person Details

Unique Reference Number		<input type="text"/>		Tutor		<input type="text"/>	
Surname				Forename			
<input type="text"/>				<input type="text"/>			
Home address				Male <input type="checkbox"/> Female <input type="checkbox"/> (Please tick)			
<input type="text"/>				Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="text"/>				Age on 1st September 2017 <input type="text"/>			
<input type="text"/>				Home Telephone Number			
<input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Postcode				Mobile Telephone Number (if applicable)			
<input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Do any of these apply to you? (tick all those that apply)							
I am living independently				I am a looked after young person			
<input type="checkbox"/>				<input type="checkbox"/>			
I do not live with my parent(s)				I have been a looked after young person			
<input type="checkbox"/>				<input type="checkbox"/>			
I am a parent				I am living in hostel accommodation			
<input type="checkbox"/>				<input type="checkbox"/>			
I or my sibling(s) in receipt of Free School Meals				I consider myself disabled			
<input type="checkbox"/>				<input type="checkbox"/>			
I am receiving Disability Living Allowance				I receive Income Support in my name			
<input type="checkbox"/>				<input type="checkbox"/>			
I receive another Financial Benefit (please state below)				I am receiving Employment Support Allowance			
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="text"/>							

Section 2: Residency Status (tick all those apply)

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

Section 3: Programme of Study

Year Group	<input type="text"/>	Programme of Study (e.g. AS/A2/ BTEC/GCSE)	<input type="text"/>
Subjects	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)

Adult 1	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Adult 2	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>
Full Name <input type="text"/>					Full Name <input type="text"/>				
Home address (if different from young person) <input type="text"/> <input type="text"/> <input type="text"/>					Home address (if different from young person) <input type="text"/> <input type="text"/> <input type="text"/>				
Postcode <input type="text"/>					Postcode <input type="text"/>				
Home Telephone Number <input type="text"/>					Home Telephone Number <input type="text"/>				
Mobile Telephone Number (if applicable) <input type="text"/>					Mobile Telephone Number (if applicable) <input type="text"/>				
Relationship to young person <input type="text"/>					Relationship to young person <input type="text"/>				

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

Do you receive any of the following?	Adult 1	Adult 2	(evidence <u>must</u> be provided)	Adult 1	Adult 2
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 2017-2018?				£ <input 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 type="text"/>	Name of Account Holder <input type="text"/>
Sort Code <input type="text"/>	Number <input 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 type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult 2 Signature <input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Young Person Signature <input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 9: FOR SCHOOL OFFICE USE ONLY

Date Application Checked	<input type="text"/>	Checked by	<input type="text"/>
Application Complete?	<input type="text"/>	Evidence Submitted?	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>	More information needed?	<input type="text"/>
	<input type="text"/>		<input type="text"/>