

10. Course Related Costs - Continued

The following categories are not covered by the Student Support Fund. If applicable these fees are payable by you.

- Books
- Studentship Book Scheme
- College Registration Fee (Inc the Admin Fee)
- Beauty Key Fob
- UCAS Fee
- Basic Stationary
- Tuition Fees

11. Additional Information Please provide us with any further information that may assist us in the assessment of your application.

12. Data Protection Act 1998 and Declaration

The information you provide on this application form will be used for the purposes of supporting your education through the provision of funding via the Bournemouth and Poole College's Student Support Fund. It will be disclosed internally within the college and externally to the Learning and Skills Council. The Council will collect and share this information with other organisations for the purposes of administration, careers and other guidance, statistical and research purposes. In signing this application form you give your consent to the use of your personal data in this way. I certify that all the information given above is correct and I understand that the College has the right to reclaim any funding if I am found to have provided incorrect information or do not complete my course

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

13. Checklist Once you have completed all sections please complete this checklist before returning this form.

Have you completed all sections of this form? Yes No Have you included **all** documentary evidence of income? Yes No

PLEASE RETURN COMPLETED FORM IN THE INCLUDED SELF ADDRESSED ENVELOPE.

For Office Use Only

Site of study:	Date received:	Band:
Enrolment confirmed:	Evidence with SSF application:	Copy of evidence attached:
Assessed by:	Date:	

Student Support Fund - Under 19 Application Form 2008-2009



Private and Confidential - Financial Assessment Form

Please ensure you read the guidance notes before you complete this form. If you require any assistance in completing this application please contact the Student Support Finance Team on the number at the bottom of the page.

1. Personal Details (Please complete in BLOCK CAPITALS and answer ALL questions)

First Names (in full):	Surname / Family Name:
Title: Mr / Miss / Mrs / Other:	Male <input type="radio"/> Female <input type="radio"/>
Date of Birth:	Age on 31st August 2008:
Home Address:	
	Post Code:
Home Tel:	Mobile Tel:
Have you received financial help from the Student Support Fund in the past? Yes <input type="radio"/> No <input type="radio"/>	
What is your nationality?	Which country do you normally live in?
If you have lived overseas please give the date you entered the UK:	
Do you have any immigration restrictions on the length of your stay in the UK?	

2. Course Details

Full Name of Course:	Full Time <input type="radio"/> Part Time <input type="radio"/>
When does your course start?	When does your course end?
Which site are you studying at? (Please Tick)	
<input type="radio"/> Lansdowne	<input type="radio"/> Lansdowne Media Centre (LMC)
<input type="radio"/> Constitution Hill	<input type="radio"/> Fulcrum Centre
<input type="radio"/> North Road	<input type="radio"/> Redlands
Are you... (Please Tick)	
<input type="radio"/> An Apprentice/Advanced Apprentice/Young Apprentice?	
<input type="radio"/> A New Deal Participant?	
<input type="radio"/> In receipt of any other government funding to help you access College? (Not including EMA)	
<input type="radio"/> On a fully-costed course? (i.e. a course that does not offer a concession price)	
IF THE ANSWER TO ANY OF THESE IS YES, THEN UNFORTUNATELY YOU ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE THROUGH THE STUDENT SUPPORT FUND.	

3. Family Details (Please state who you live with and their relationship with you)

Name	Relationship to you	Occupation (If over 16)	Age (if under 19)

4. Independent Status (If you do not live with your parents please complete this section) **WE MAY CONTACT YOU FOR MORE DETAILS**

Are you a single parent? Yes <input type="radio"/> No <input type="radio"/>	Are you estranged from your parents? Yes <input type="radio"/> No <input type="radio"/>
Are you in Local Authority Care? Yes <input type="radio"/> No <input type="radio"/>	Are you in receipt of any benefits? Yes <input type="radio"/> No <input type="radio"/>
If yes, please state which benefits and provide evidence of this _____	
Weekly Amount(s) £ _____	
If no, please state how you support yourself and provide evidence of this _____	
Weekly Income £ _____	
Do you live with someone who is your partner? Yes <input type="radio"/> No <input type="radio"/>	

