

**APPLICATION FOR 2019/20 FINANCIAL ASSISTANCE**

*Prior to completing this form please ensure you have read the  
Financial Support for Parents Information Sheet*

**LEARNER DETAILS**

Last name: \_\_\_\_\_ First name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Year (2019/20): 9 / 10 / 11 *(delete as appropriate)*

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

**PARENT DETAILS**

Title: Mr/Mrs/Miss/Ms: \_\_\_\_\_

Last name: \_\_\_\_\_ First name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ National Insurance number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Mobile telephone: \_\_\_\_\_

I confirm that the details provided on this form are true and accurate.

Signed: ..... Date: \_\_\_\_\_

**Below are examples of relevant evidence of household income; evidence of these must be submitted with this form (copies will be taken where originals are supplied). If no evidence is supplied we will be unable to process your application. Please confirm if you receive any of the following:**

	Yes / No	Evidence provided <i>(please tick)</i>
Universal Credit.		
Income Support.		
Income-based Job Seeker's allowance.		
Income related employment and support allowance.		
Child tax credit and/or Working Tax Credit.		
Guarantee element of the State Pension Credit.		
Support under Part VI of the Immigration & Asylum Act 1999.		
Earnings from employment, self employment or any other income (such as maintenance).		
Disability-related benefits.		
<b>PLEASE NOTE: these are EXCLUDED from our calculations.</b>		

**Please tick the relevant box(es) to indicate under which category this application is being made:**

High Priority (100%)	Medium Priority (50%)	Low Priority (25%)
<input type="checkbox"/> Learner is in receipt of Free School Meals <input type="checkbox"/> Learner is living in care <input type="checkbox"/> Learner is leaving or has recently left care <input type="checkbox"/> Learner /Parent is disabled and receiving both Employment Support Allowance and Disability Living Allowance <input type="checkbox"/> Gross annual household income is less than £20,000	<input type="checkbox"/> Gross annual household income is between £20,001-£25,000  Please state:  £ _____	<input type="checkbox"/> Gross annual household income is between £25,001-£27,500  Please state:  £ _____

**For internal use only:-**

In receipt of Free School Meals:                      Y/N

Household income calculation (excluding any disability-related benefits):

Any other information to consider:

Level of assistance:

Review date:

Reviewed by: