

A receipt has been issued for this form:

The form has been put onto the LSF database:

Initials:

Date:

Initials:

Date:



LSF: Application Form 2019/20

Student Number: _____

Type of Application: 16-18 Bursary 19+ EHC Plan

Personal Details

Family Name: (BLOCK CAPITALS PLEASE): _____

Other Names in Full: (BLOCK CAPITALS PLEASE): _____

Date of Birth: _____ / _____ / _____ Age as at 31 August 2019: _____

Tel: _____

Mobile: _____

Email: _____

Course Details

Course Title: _____

Course Code: _____

Funding

Which of the following are you applying for?

16-18 & EHC Bursary

Grant

Free College Meals

Hardship (Details): _____

Fees (Cost): _____

Travel (Details of buses or trains used. Please note 16-18 can apply for trains only): _____

Cost Per Week: _____

Childcare (Please note: Only one child per application form. All childcare fees will be paid directly to the Childcare Provider)

Child's Name: _____

Child's Date of Birth: _____

Bank Details

Please note that payments CANNOT be made to a Post Office card account.

YOU MUST GIVE A COPY OF AN OFFICIAL BANK STATEMENT SHOWING THE ACCOUNT DETAILS WITH THIS FORM.

Account Holder's Name: _____

Name of Bank: _____

BANK SORT CODE: _____ BANK ACCOUNT NUMBER: _____

HANDING IN YOUR APPLICATION FORM:

DEADLINE DATES

The closing date for your application depends on the date you start your course:

September Start: Deadline 18/10/2019

October, November, December, January or February Starts: Deadline 14/02/20

March, April, May or June Starts: Deadline 22/05/20

PLEASE NOTE:

If you withdraw from Barnet & Southgate College before the end of your course, you will be liable to pay all awards back to the LSF.

A receipt will be issued to you as proof of date of application.

You will be notified of the outcome of your application within a 4-week period.

You must advise benefit agencies of any support you receive from the Learner Support Fund as this may affect your benefit eligibility.

All applications to the LSF must be signed by the Customer Services Department to validate the application.

To be filled out by the Childcare Provider

Childcare Provider's Name: _____

Address: _____

Post Code: _____

Phone Number: _____

Email Address: _____

Ofsted Number: _____

Start Date of Childcare: _____

Please state the start and end TIMES of childcare:

	Pre School	Morning	Afternoon	After School Club
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Childcare Cost PER DAY: _____

Childcare Cost PER WEEK: _____

Childcare Provider Declaration

- I, the childcare provider, agree with the times and costs given.
- I confirm that I have filled all relevant sections relating to childcare.
- I understand that if any information is missing or incorrect regarding the childcare section that it may delay payments for the student's childcare costs.

Childcare Provider Signature: _____

Date: _____

Terms and Conditions

16–18 Bursary Payments

The weekly Bursary payment will NOT be made unless you have a 100% attendance and no more than two late marks per week.

Childcare

The payments will be made to your childminder, nursery or after school club by Bank Automated Credit (BACS).

Payments are made to a set schedule every month upon receipt of proof of intention of the child's attendance for the following month.

For full information about payment procedures, read the 'Information for Childcare' sheet, a link to which will be in your offer letter.

If you need payments for the Christmas or Easter holidays you need to submit an "Additional Childcare Application" form. These holiday payments will be made at 50% of the normal award.

If you have already paid for your childcare for dates covered by the Fund and need a refund, please give a photocopy of your receipt to the College with the account for childminding form in order for payment to be made to you.

The refund payments will be made by BACS.

This funding will stop if your average level of attendance falls below 80%.

Grants

External grant payments will be made by BACS at the beginning of each term.

Internal grant payments (Sports and Hairdressing courses) will be paid to the Course Area at the beginning of the course, unless you provide proof of purchase.

This funding will stop if your average level of attendance falls below 90%.

Travel Payments

The payment will be made by BACS.

This funding will stop if your average level of attendance falls below 90%. Students on a termly course are only entitled to 6 weeks' temporary travel per year for journeys on public transport.

Students on a yearly course are only entitled to a maximum of 12 weeks' temporary travel for journeys on public transport.

You must live outside a 2-mile radius from the college site you attend.

Hardship

The payment will be made by BACS.

Free College Meals

Free College Meals will be paid to all 16–18 year olds whose parents are on a qualifying benefit. (See Learner Support Fund Information & Guidance booklet for full list of eligible benefits.)

Students who are in care or care leavers do not qualify for Free College Meals. The amount of £3.00 per day will be paid directly onto the student's ID card or via a luncheon voucher if studying off site.

Free College Meals will be paid to all 19–24 year olds who are subject to an Education Health and Care (EHC) Plan and ESF students aged between 16 and 18 are also entitled to a free meal while attending their provision if they meet the eligibility criteria.

Fee Costs (Tuition, Exam and External Accreditation/Membership fees)

Students will pay nothing towards the total course fee at the time of enrolment.

If you are then awarded fees the full balance will be paid on your behalf. If you are refused you will be liable to pay the balance of the fees yourself.

Payments are made directly to the Course Area unless you can provide a receipt to prove payment, in which case the funds will be refunded to you via BACS.

Essential Documentation Required: You Must Provide One of the Following

Jobseekers Allowance (official award letter dated within the last 2 weeks)
Official Social Services Letter if you are in Care or a Care Leaver (dated within the last 4 weeks)

Income Support (official award letter dated within the last 4 weeks)

Universal Credit (official award letter dated within the last 4 weeks)

Employment Support Allowance or Universal Credit **AND** Disability Living Allowance (DLA) or Personal Independence Payment (PIP) (official award letter dated within the last 4 weeks) – **PLEASE NOTE DLA OR PIP ALONE ARE NOT VALID**

Any Other Means Tested Benefit (official award letters dated within the last 4 weeks)

Working Tax Credit (the final award letter for the current financial year)

Household Gross Income of £18,000 per year or less (for 16–18 applicants) or £21,000 per year or less (for 19+ applicants) (last 3 Monthly Pay Slips OR the last P60 received) or £25,000 per year (for ALL Bursary Applications).

National Asylum Support Service – your ASPEN Card (and original covering letter) / ARC Card **AND** your last 3 Post Office receipts

IF YOU ARE APPLYING FOR 16–18 BURSARY, YOU MUST ALSO BRING IN:

Parental Link Proof: Child Benefit letter dated within the last year, Child Tax Credit or Working Tax Credit final letter from this academic year **WITH** your name on the letter to recognise you are financially dependent on your parents.

IF YOU ARE APPLYING FOR FREE COLLEGE MEALS & ARE AGED BETWEEN 16 & 18:

Please consult the Learner Support Fund Information & Guidance booklet for further details of proof required.

IF YOU ARE APPLYING FOR FREE COLLEGE MEALS OR EHC BURSARY & ARE AGED BETWEEN 19 & 24 YOU MUST BRING IN:

An Education Health and Care (EHC) Plan.

IF YOU ARE APPLYING FOR CHILDCARE YOU MUST BRING IN:

A Child Benefit letter dated within the last year or Child Tax Credit or Working Tax Credit final award letter from this financial year naming you and your child to recognise they are financially dependent on you.

IF YOU ARE APPLYING FOR THE ADVANCED LEARNER LOAN BURSARY YOU MUST ALSO BRING IN:

Your Advanced Learner Loan approval letter.

Student Declaration

16-18 BURSARY

If I do not keep to my bursary agreement, leave my course or deliberately provide misleading or false information, I will not be eligible to receive further payments, and any overpaid bursary may need to be repaid by me.

ALL OTHER APPLICATIONS

I confirm that all the information given by me in this form is true and correct.

I understand that my application form needs to be handed in by the appropriate deadline date, that funds are allocated on a first come first served basis, and that funds may have run out by the time I hand my form in.

If I withdraw from the course early I will be liable to repay any funds paid either to me, or on my behalf, by the college.

I confirm that I have read this declaration and accept all awards and terms and conditions relating to this award if my application is successful.

If I withdraw from the course early I will be liable to repay any funds paid either to me, or on my behalf, by the college. I also agree that the college can share this information with all childcare providers I currently use.

General Data Protection Regulation. Information on the General Data Protection Regulation can be found on the College website, displayed in Admissions areas of the College or is available from College Receptions. The information was also available on your initial enrolment form when you joined the College, so it is not provided in full on this subsequent form.

Student's Signature: _____

Date: _____

Staff Use Only

Please Do Not Write On the Section Below

Documents Seen: _____

Reference: _____

Total Household Income: _____

Benefit Recipient Name: _____

Relationship to Applicant: _____

Staff Name: _____

Date Processed: _____

Decision

Award	Amount Awarded
Weekly Childcare Award No. Of Weeks x Amount	
Fee Costs	Internal: ----- External:
Exam/Membership Fees	
External Student Grant	
Internal Student Grant	
Hardship	
Travel	
Total FCM Award £3.00 x No. of days studied x No. of course weeks	
Total Bursary Award	No. of weeks for £800: ----- No. of weeks for £1200:
Bursary (Per Week)	

Awarded By (Staff Name): _____

Staff Signature: _____

Date: _____

Any Refusals / Reasons for Refusal: _____

