

**Date of receipt**

**/ /**

**Academic year 2020-21**

**Application for support from the**

**UCSD: University Hardship Fund**

**Important:** Your application will not be considered if you do not answer all the appropriate sections. You **must** attach **photocopies** of the following documents:

* Student Loan Company financial assessment form and payment schedule if relevant
* Evidence of other income (including partner’s if applicable) e.g. wage slips
* Evidence of any benefits e.g. Child Tax credit/working tax credit etc
* Current bank statement & HP/Credit Card Statement if applicable
* Evidence of cost if requesting help for specific items such as travel, childcare etc.

Answer all the questionsand **ticking** the appropriate boxes. Return your completed form to: **University@southdevon.ac.uk**

**FOR OFFICE USE:**

|  |  |
| --- | --- |
| Registration No: |  |
| Full Name |  |
| Course Title |  |

**Part 1: Your Personal Details**

Course title

Are you studying:

Full Time

Part Time

If part-time how many credits are you studying? Year of course

Is this a repeat year?

Have you been on a previous HE Course?

If YES, do you already hold an Honours Degree?

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Student numb
2. Title
3. First names (i
4. Surname
5. Date of birth (D
6. Your correspo address
7. E-Mail Address
8. Contact teleph
9. Personal statu Do you live:
 | ern fullD/M ndenone s/Acc | Mr Mrs)M/YYYY)ceNo:ommodation details Alone | Miss MsWith partner or spouse |
|  |  | In shared accommodation | With parents or guardian |
| How many other adults live at this address? |
|  |
| Do you share all household expenses? |  | Yes |  |  |  | No |
| Do you maintain two homes? |  | Yes |  |  |  | No |
| **Part 2: Course Details** |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Yes |  | No |
|  |  |  |
| Yes |  | No |
| Yes |  | No |

|  |
| --- |
| **Part 3: Your Dependants** |
|  |
| 10. Do you have a partner? | Yes | No |  |  |
| 11. If YES, is your partner financially dependent on you? | Yes |  | No |
| 12. Do you have any children living with you? |  |  |  |
| Yes – give details | Full Name | Date of Birth |  |  |
| No |  |  |  |  |
| 13. Do you have any children | who live elsewhere but are fi | nancially depend | ent o |
| Yes – give details | Full Name | Date of Birth |  |  |
| No |  |  |  |  |

**Part 4: Disability/Special Medical Needs**

14. Do you have a disability or chronic medical condition?

(See guidance notes)

Yes

No

15. Have you applied for Disabled Students’ Allowance (DSA)?

Yes

No

16. Do you wish to apply for any financial assistance towards any special equipment / material not covered by DSA or for assistance towards the cost of a diagnostic test (e.g. dyslexic students)?

|  |  |  |
| --- | --- | --- |
| Yes |  | No |
| If yes please give details below: |  |  |

**Part 5: Bank/Building Society/Credit Card Details**

|  |  |
| --- | --- |
| £ | £ |
| £ | £ |
| £ | £ |
| £ | £ |
| £ | £ |

|  |
| --- |
| Please give details of **ALL** working accounts: |
| Bank/Building Society/Credit Card Details | Current Balance | Overdraft/Credit Limit |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Part 6A: Student Income**

**Part 6B: Student (and Partner’s) expenditure**

**Wk/Mth/Yr**

Student Loan

Parents Learning Allowance/ Lone Parents’ Grant

Adult Dependants’ Grant Childcare Grant

Net earnings Parental/Partner contribution Child Tax Credit Working Tax Credit Child Benefit

Housing Benefit/Local Housing Allowance/Council Tax Benefit

Income Support Jobseekers’ Allowance

Professional/Career Development Loan

Scholarships/Trusts/Grants

Disability benefits (please specify)

**Total**

Other income/savings (please specify)

**Composite Living Costs**

**Wk/Mth/Yr**

Food/Household/Laundry

Gas Electricity

Water Telephone TV licence

Contents insurance Council tax

Fees

Rent/Mortgage Childcare costs

Travel costs (home to institution)

Travel costs (daily travel during term time)

Private vehicle costs (road tax/fuel/ insurance/maintenance etc)

Books/equipment/course costs (including photocopying)

Disability costs not covered by DSA (Please specify)

Insurance (excluding car/contents insurance)

Other costs (please specify)

**Total**

**Part 7: Supporting statement**

22 State why you are in financial difficulty and why you believe your situation to be exceptional, and to merit additional support.

(If you need to, continue on a separate sheet and attach it to this form.)

**Part 8: Bank/Building Society details**

Name of Bank/Building Society Sort code

Branch title (e.g. name of town) Account number

Any award will be paid directly into the account stated above. Where possible you should supply copies of your last three bank statements relating to the above account. These statements must show your name and bank details - mini statements are not acceptable. You may also be required to supply copies of your last three bank statements/show savings books for any other accounts you currently have. Please explain any debits or credits over £100 that appear on your statements.

**Applications submitted without relevant bank statements will not be considered. Confidentiality**

Applications are seen only by the Committee and Student Services staff. It may be necessary for additional supporting information to be sought from other College staff in order for the Committee to reach a decision.

**Data Protection Act 1998**

South Devon College is a data controller in terms of the 1998 legislation. The Student Services Department follows College policy in matters of data protection. The data requested in this form is covered by the notification provided by the College under the Data Protection Act. Personal data will be used solely in the department for statistical purposes and electronic records keeping.

The data will not be passed to any other third party without your consent, except when the College is required to do so by law. Any formal enquiries concerning the use of data noted here should be addressed to the Head of Information, Performance & Funding.

# Part 9: Declarations

I certify that to the best of my knowledge, I fulfill the following criteria: (please tick the relevant boxes) I am a UK National

I am an EU National

There are no restrictions on my stay and I am therefore \*settled within the United Kingdom (UK) (i.e., have the Right of Abode in the UK or have Indefinite Leave to Enter/ Remain (ILE/R) in the UK).

I have been recognised by the UK Government as a Refugee and have Full Refugee Status/ILE/R as a result.

I have Exceptional Leave to Enter/Remain in the UK/Humanitarian Protection/ Discretionary Leave (ELE/R/H P/DL).

I am an EEA Migrant Worker or Swiss employed person.

I am the spouse of an EEA Migrant Worker or Swiss employed person.

I am the child of an EEA Migrant Worker, Swiss employed person, Swiss national or Turkish worker.

If you are an EEA Migrant worker or Swiss employed person, please say whether you intend to continue working

while studying.

\*’settled’ - on the first day of the first academic year of your course.

Plus

I have been ‘Ordinarily Resident’ within the UK and Islands for 3 years immediately before the start of my course. (Anyone with ELE/R/HP/DL or anyone recognised by the UK Government as a Refugee should have maintained ‘Ordinary Residence’ from the date this status was granted.)

And

None of this time was wholly or mainly for the purpose of receiving full time education, or if it was I was resident in the EEA immediately prior to this three year period.

I confirm that I am supporting the children named in Part

5. I confirm that I am not living with a spouse/partner.

I confirm that I am registered and in attendance on the course described in Part 2 of this form.

I declare that the information that I have given on this form is correct and complete to the best of my knowledge.

I understand that giving false information will automatically disqualify my application and may also lead to disciplinary procedures resulting in possible expulsion from the College. I further undertake to repay any loans/grants obtained by me as a result.

Your name (CAPITALS) Your signature Date

# Student Check list

Photocopies of documents seen

Support Notification form

Loan request form/Payment Schedule letter

LA breakdown letter for Dependants’ Grant and Enrolment Form / Student Status letter

Part time Student Support notification Enrolment form/Student Status letter Evidence of fees paid/Payment plan

Child Benefit book or ‘DWP’ letter and children’s birth certificates

Bank/Building Society statements

Evidence of rent/mortgage Evidence of benefits claimed Student ID card

Evidence of EU ‘home’ residency status

Other

Give details

**For office use only**

Initial decision

Date

Final decision