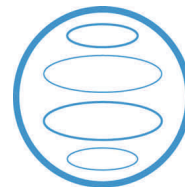


Date Received

Student ID

Childcare



Sussex
Coast
College
Hastings

19+ Adult Education Bursary Application 2017/2018

Students are not entitled to apply if their course is fundable through an Advanced Learner Loan (except students aged 19-23 without a level 3 Qualification)

Please answer **ALL** questions and provide **ALL** the evidence requested.
Your application will be returned to you if any evidence is missing.
If you require any assistance with the completion of this form, please contact us:

* Visit Student Services *Call (01424) 458465 *Email : fassistance@sussexcoast.ac.uk

Please be aware that completing this application form does not guarantee funding.
Awards are made at the discretion of Sussex Coast College Hastings

Section 1: Your Personal Details

Surname (family name) Forename/s

Title (Mr/Mrs/Miss/Other) Female Male

Date of birth / / Age on 31 August 2017

Permanent Home Address

Home Telephone Number

Mobile Telephone Number

Email

Section 2: Your Learning Programme

Course Title (incl level)

College Campus

Full Time

Part Time

Section 3: Applying for Course Costs

Please tick which of the following costs you are applying for:

**Please Note Tuition Fee assistance will not be allocated until Term 3*

Exam Fees

*Tuition Fees

Art Materials

Other materials

Kit/Equipment/Uniform

Trips

Course Books

DBS Check

Exam/Tuition Fees:

Total £

DBS/Professional Fees:

Total £

Equipment/Kit :

Total £

Materials/Books :

Total £

Trips :

Total £

Section 4 :Travel

Please complete below if applicable

Please note eligibility criteria:

You must live more than 3 miles from your usual campus to be eligible.

Train fares will be calculated on a daily rate unless a weekly ticket is cheaper. If you travel by car you will receive 11p a mile or part of, this is inline with the 2017 HMRC Guidelines.

Please tick your method of travel

*Train

Bus

Car

*Departing Train Station

RAC Route planner Mileage Check

miles

Calculations :

Office use only

Office Use Only

Total Costs - Course Related £

+ Travel Costs £

Total = £

Eligibility Reason for Award -

Assessors Initials /Date -

Section 5: Your Payment Details (*must be in the name of the student*)

Please provide your Bank or Building Society details below

PLEASE CHECK YOUR ACCOUNT ACCEPTS PAYMENTS BY BACS

Name of Account Holder

Name of Bank/Building Society

Sort code

6 digits only

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Account Number

8 Digits only

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Building Society roll/Reference

(if applicable)

Section 5: Compulsory & Financial Information

Have you claimed, or are you currently claiming asylum in this country?
If yes, please provide Home Office documentation YES NO

Do you live with a partner/parent (s) YES NO

(A partner is defined as someone you are married to/have a civil partnership with, or live as though you are married to/have a civil partnership with them/ If a parent (s) IS financially responsible for the household you live in, please provide details of their financial situation).

Funding will be awarded if you have a sole income of £20,000* or less or your household, have an income of £31,000* or less

***Earned Income and Income related benefit payments**

Do you or your parent(s)/ guardian(s)/ partner receive any of the following benefits? Please tick:

Income Support	<input type="checkbox"/>	Job Seekers Allowance	<input type="checkbox"/>
Employment & Support Allowance	<input type="checkbox"/>	Tax Credit Award notice	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>	Personal Independence Payments	<input type="checkbox"/>

If you have ticked any of the above, you must provide a copy of the full award letter (this must be less than 6 months old) with the exception of Tax Credit awards, which must be for the current tax year 2017/2018

***It is your responsibility to declare any funding received through the bursary in conjunction with your benefit claim.**

Section 6: Employment Information

Please tick the relevant box to tell us about your employment status

Employed Self employed Private Pension Not employed

Please tell us your partner's/parent's employment status (if applicable)

Employed Self employed Private Pension Not employed

- If you or your partner/ parents are employed, you must submit the last 3 month's payslips with your application.
- If you or your partner/ parents are self employed, please provide a letter from your accountant.
- If you or your partner /parents receive a private pension, please provide information from your scheme administrator outlining the gross pension per year.

Office Use Only :

Section 7 : 20+ Childcare Bursary **2017/2018**

For students aged 20+ on 31.08.2017

Students aged 19 must apply to the Care to Learn Scheme

Section 8: Compulsory Information

Do you have main parental responsibility for the child/children requiring childcare support?

YES

Please go to Section 9

NO **Please go to Question 8a**

Question 8a: If you do not have main parental responsibility, please give details below

Section 9: Supporting Information

Please provide any information below in support of your childcare application, your Childcare Provider may also include further information, including notice of any future price increases or closure days

Office Use Only

Section 10: Childcare Support Costs 2017/2018

To be completed with Childcare Setting

Child 1/Setting1

Student Name **Student ID**

Child Name **Child DOB**

Day	Start Time	Finish Time	Hour Rate	Session Rate	Day Rate
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Start date for funding : _____ **Total for week : £** _____

Childcare Provider to complete this section

Please tick which Retainer Weeks are to be paid		Please provide information regarding rates/charges	
Autumn half term <input type="checkbox"/>	Bank Holidays <input type="checkbox"/>	Full day rate £	Hourly rate £
February half term <input type="checkbox"/>	Christmas break <input type="checkbox"/>	AM Session rate £	PM Session rate £
May half term <input type="checkbox"/>	Easter break <input type="checkbox"/>	Notice period required : <input type="text"/>	

Childcare Provider Payment Details

Name of Account Holder

Bank/Building Society

Sort Code Account Number

Building Society Roll/Ref Number

Name of Childcare Provider Address of Childcare Provider

Contact Name /Number

I confirm the information supplied is accurate and up to date, and any changes to this will be notified in writing.

Signature of Provider Date

Childcare Providers must provide a copy of their OFSTED registration certificate. If you are a childminder, you must enclose a copy of your childminding registration certificate and Public Liability Insurance; without this we can not assess the application.

**Section 10a: Childcare Support Costs
2017/2018
To be completed with Childcare Setting**

Child 2/Setting1

Student Name **Student ID**

Child Name **Child DOB**

Day	Start Time	Finish Time	Hour Rate	Session Rate	Day Rate
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Start date for funding : _____ **Total for week : £** _____

Childcare Provider to complete this section

Please tick which Retainer Weeks are to be paid		Please provide information regarding rates/charges	
Autumn half term <input type="checkbox"/>	Bank Holidays <input type="checkbox"/>	Full day rate £	Hourly rate £
February half term <input type="checkbox"/>	Christmas break <input type="checkbox"/>	AM Session rate £	PM Session rate £
May half term <input type="checkbox"/>	Easter break <input type="checkbox"/>	Notice period required : <input type="text"/>	

Childcare Provider Payment Details

Name of Account Holder

Bank/Building Society

Sort Code **Account Number**

Building Society Roll/Ref Number

Name of Childcare Provider **Address of Childcare Provider**

Contact Name /Number

I confirm the information supplied is accurate and up to date, and any changes to this will be notified in writing. If you wish to give us any additional information, please use the box on the reverse of this form.

Signature of Provider _____ **Date** _____

Childcare Providers must provide a copy of their OFSTED registration certificate. If you are a childminder, you must enclose a copy of your childminding registration certificate and Public Liability Insurance; without this we can not assess the application.

Section 11: Additional Supporting Information
Please provide any further information in support of the application.

Section 12: Declaration - Please read carefully before signing

- I declare that the information provided is true and accurate and I am able to provide all the evidence requested to support my application. I understand that if I do not provide all evidence requested, my application form will be returned.
- If awarded, I understand that any payments will not commence until I am enrolled and my attendance is confirmed. Payments will be made at the discretion and at a date to be confirmed by Sussex Coast College.
- If my attendance falls below 90%, I may have my payment refused. Any unauthorised absence is subject to a referral process. Any payment refused will be communicated to me via a letter.
- I understand that it is my responsibility to inform Student Services of any change to my circumstances, personal/family or financial.
- I have not applied to any other organisation, e.g. a charitable trust, for any assistance that I am requesting from the discretionary fund.
- I understand that if I leave my course early, the college will request that I return any money, uniform, or kit that has been purchased with discretionary funds.
- I understand that childcare will be paid in arrears direct to the provider. If payments are made by myself in advance, proof of payment will be required to reimburse me directly.
- I understand that my attendance will be monitored monthly, attendance below 90% may lead to childcare funding being suspended or stopped, and I may be responsible for any outstanding costs myself

**A Copy of our Funding Policy & Procedures is available from Student Services.
The College retains the right, unreservedly, to make changes or modifications to this
policy, without prior notice**

Student signature

Date

Checklist

1. Have you completed all relevant sections of this application in full?
2. Have you enclosed all your evidence/documents?
3. Have you signed the declaration?
4. Have you /your Childcare Setting completed all relevant sections of this application in full?
5. Have you enclosed all your documents including an OFSTED certificate?

Please remember to provide good quality copies of your supporting evidence, not the original as we are unable to return documents

**PLEASE RETURN THIS FORM TO YOUR USUAL CAMPUS BY HAND OR BY POST TO
SUSSEX COAST COLLEGE**

Student Finance Team, Student Services

Station Plaza Campus
Station Approach
Hastings
East Sussex
TN34 1BA

Ore Valley Campus
Parker Road
Hastings
East Sussex
TN34 3TT