

16-19 Learner Support Fund 2020/21

Financial Assessment Form A

YOUR ARE ELIGIBLE FOR THIS FUND IF:

		Please tick which one applies to you
1	You are in care	
2	You live alone	
3	You are registered disabled	
4	You personally receive Universal Credit	
And 5	You have maintained 95% attendance for each week that you make a claim, based on the previous week's attendance. Evidence for this will be supplied by school	

Learner Details

Surname / Family name	
First name(s)	
Sex (M / F)	
Date of Birth (DD/MM/YYYY)	
Age on 31 st August 2020	
You must be aged 16, 17, or 18 on 31 August 2020 to apply	

Learner's Address Details

Home Address	
Postcode	
Home telephone number	
Mobile telephone number	
E-mail address	

Whatever you have declared above must be backed up by evidence (photocopies accepted) in order for an assessment to be made. Appropriate evidence will be:

- A letter from the Local Authority (usually a worker/transitional manager) to confirm your current or previous looked after status
- Recent Entitlement or Award letter showing you are in receipt of one of these:
 - i) Income Support

- ii) Disability Living Allowance
- iii) Employment Support Allowance
- iv) Universal Credit
- v)

Payments

To receive payments, you must have a bank account in your own name. If you do not have a bank account, you need to open one before completing this form.

Bank and Branch Name:	
Bank Sort Code:	
Bank Account Number:	
Name of Account Holder:	

Declaration

Please read the declaration below carefully before signing:

1. I declare that the statements made on this form are true and to the best of my knowledge and belief are correct in every respect. I undertake to supply any additional information that may be required to verify the particulars given. I understand that if I refuse to provide information relevant to my claim the application will not be accepted. I also undertake to inform the school of any alteration to any of the particulars in writing. I agree to repay the school in full and immediately any sums advanced to me if the information I have given is shown to be false or deliberately misleading.
2. I am aware that the funding covers only this school year and that I must re-apply next year; there is no guarantee that I will receive funding for future years even if I am eligible for the current year.

Signed Learner: **Date:**

(Print Name)

Signed Person 1: **Date:**

(Print Name)

Signed Person 2: **Date:**

(Print Name)

For School use only:

Date Received:

Documentation seen:

Authorised by:

Signature: