19+ Fund Application



2021-2022

Explanations and eligibility can be found online at www.buckscollegegroup.ac.uk

Student Services will assess your total family income and will automatically calculate your entitlement to course costs such as: college lunches, equipment, uniform, travel, Disclosure and Barring Service (DBS) checks etc.

PLEASE NOTE THAT EVERY BOX MUST BE COMPLETED FOR THE FORM TO BE PROCESSED

Section 1 - Personal Information

Surname	First Na	ıme		St	Student ID Number	
Address						
Post code:						
Mobile number		Home number			Dat	e of Birth
Email (Student)				M [A 90 (00	of 24 St. A
Email (Student)				™	Age (as	of 31 st August 2021)
				<u> </u>		
Section 2 – Course Inform	mation					
Intended course AND Campu	s			Level		Full-time or part time
Have you studied at Bucks C	ollege Gro	up before	and rece	ived fund	ling? γ	es No
Previous course name, level	and year					
Have you been resident in the	e UK/EEA f	or the last	3 years?	Yes		No
What is your status in the UK	?					
British/EU citizen Refug	jee	Asylum Se	eker	Other (ple	ease state)
Section 3 - Bank details						
If your application is approved, any	payments y	ou receive v	/ill be paid	directly in	to your bar	nk account.
Account Holder's NAME	:					
Sort Code:						
Account Number:						

Section 4 – Income details and Evidence Needed Question 1: Tell us about you and your partner You: Name Partner: Name Question 2: Are either you or your partner in receipt of any benefits? YES (Please circle) (Please provide evidence) Partner: YES (Please provide evidence) (Please circle) NO **Please Tick** Child Tax Credits Working Tax Credits **Employment Support Allowance** SEE ADDITIONAL SHEET FOR Job Seekers Allowance **EVIDENCE Pension Credits Universal Credits** (Your form will not be accepted without evidence) Other Benefits (please specify below) Question 3: Do you or your partner work? You: YES (Please circle) (Please provide evidence) Partner: (Please circle) YES (Please provide evidence) NO Question 4:

Are you in receipt of the 19+ Advanced Loan to cover your tuition fees?

YES (Please provide evidence as below)

NO

You must provide a photocopy of your acceptance letter from the SLC

SEE NEXT PAGE FOR EVIDENCE REQUIREMENTS

(Your form will not be accepted without evidence)

EVIDENCE

It is your responsibility to provide photocopies and NOT original documents as they cannot be photocopied or returned

* We use household income received in the 2020-2021 Tax Year to calculate entitlement.

For those in receipt of Child Tax Credits

2021 Tax Credits Award Notice for **Child Tax Credit/Working Tax Credit**(All 6 pages **MUST** be provided)

For those in receipt of Universal Credits

Please provide three full statements for January, February and March 2021.

(These can be found on your online account)

For all other benefits

Benefit Award Entitlement letters (dated between April 2020-April 2021)

Full or Part Time Work

P60 for April 2021 or March 2021 wage slip showing total earnings to date.

Self-employed

Accountants letter showing earnings for the 2019/2020 tax year **or** A photocopy of the relevant pages of your Self-Assessment Tax Return

Do you live at home and supported by your parents?

Please state this on Section 5 under Additional Information.

Section 5 – Additional Information

Please add any further information that may help your claim.
Diago road carefully and tick EVEDV have in the declaration holow before signing
Please read carefully and tick EVERY box in the declaration below before signing. (Without this the form is invalid)
Tick
Bucks College Group reserves the right to withdraw support due to breaches of the college code of conduct, fraud, or if the reputation of the College is bought into disrepute.
Attendance will be monitored and must be above 90%. Should your attendance fall below this level or if you withdraw, financial support may be stopped and you may be asked to pay back any financial support received.
It is your responsibility to notify us of any changes to your timetable. Any changes in awards will only be made backdated to the beginning of the week in which information was received.
Any items purchased through Bucks College Group will remain the property of Bucks College Group and you may be asked to return them at the end of your course.
If you are absent for a day you must inform your tutor as well as emailing studentservices@buckscollegegroup.ac.uk
If I withdraw from my course or I am withdrawn from my course by my tutor, suspended or excluded from Bucks College Group I undertake to return any equipment or money provided through the Bursary Fund.
I certify that the information I have given on this form is complete and accurate. I agree to repay the College in full any money paid to me if the information I have given is shown to be false or misleading.
Students Name Student Signature Date
What to do next:
Once you have brought in a fully completed form with evidence, it may take up to 3 weeks to process. Please do not contact us in this time. You will be notified of your assessment result by email

Amersham Campus 01494 585415, Aylesbury Campus 01296 588592, Wycombe Campus 01494 585387



Application for Childcare Costs 2021/22

SECTION 1: Student details						
Surname	First Name	Student ID Number				
Course and Campus:						
SECTION 2: Your Child(ren)'s Details Tell us about the child(ren) who require childcare below						
Child 1: Surname	First Name	Date of Birth (or due date)				
Child 2: Surname	First Name	Date of Birth (or due date)				
Child 3: Surname	First Name	Date of Birth (or due date)				
SECTION	Al 2. Childean Broyidar F	Notaila				
SECTION 3: Childcare Provider Details This section must be completed by the childcare provider						
Company Name	Contact Name	Ofsted Reg Number				
Company Name	Contact Name	Orsted Reg Number				
Address						
Addiess	Post	code:				
Email address		Telephone				
Elliali audiess		Тетернопе				
 If you are using more than one Childcare Provider, please download an 						
additional copy of this page for each one.						
You must provide photocopies of your children's Birth Certificates						

SECTION 4: Chidcare Hours - This section must be *completed by the childcare provider*

I (the childcare provider) confirm that I/we are providing childcare as stated below:						
		Monday	Tuesday	Wednesday	Thursday	Friday
	No. of Children in childcare	nildren in childcare				
No. of hours / sessions						
Cost per hour / session						
TOTAL cost for the day						
_		QE	ECTION 5: Declara	ation		
	This section	must be compl	eted by the childe RY box MUST be	care provider and	d the student.	
	The childcare place is only funded during term time. This means that over the Christmas, Easter and Half Term breaks we will not be able to pay for the childcare place. However, we are able to help with costs towards saving a place during the summer.					
	Childcare assistance is only available for the time the student spends in timetabled classes in College and travel times between the childcare provider and college					
	We can only provide assistance for registered child-minders/nurseries. Please note that the College takes no responsibility for the quality of care provided					
	If the students timetable changes it is their responsibility to inform the childcare provider and Student Services. If the number of days or amount of hours the child/ren attends the childcare provider changes and the student fails to inform Student Welfare Services the childcare support could be withdrawn					
The weekly rate may change as the child/ren get older. If this happens it is the student's responsibility to inform Student Services at studentservices@buckscollegegroup.ac.uk						
	If the student withdraws from the College or is declined funding the College will take no responsibility for payment of outstanding fees to childcare providers					
	Providing the student's application for financial support is successful we will be writing to you in due course to confirm the funding and to explain the rules surrounding the students payments. BACS payments will be made to the childcare provider					
	The childcare provider will be asked to send the College a detailed invoice at the end of each month. We will use the invoice and the student's timetable to make payments. The student should make you aware that if their attendance drops below 90% for the month the College will not cover the cost for that month.					
THIS APPLICATION WILL BE DELAYED UNLESS YOU SIGN AND DATE THIS DECLARATION. Before signing please ensure that you have read and understood all sections of the Declaration						
	Childcare Providers' Signature	С	hildcare Provider	s' Name	Dat	e
Students' Signature			Students' Name			e

	ASSESSMENT	- Office Use	Only	
19 + fund		19 + Advance	ed Loan	
Joint Income Total:	Income	Support	ID Seen	
	IBB / No Income <£16,190	100%		
	£16,191 – £18,999	90%		
	£19,000 - £21,999	70%		
	£22,000- £26,999	55%		
	£27,000 - £34,999	40%		
	£35,000 - £39.999	35%		
	£40,000 - £45,000	30%		
Calculation notes:				
19 + Bursary				
19 1 Bursary				
Travel				
Course Costs				
Childcare				
Total				
Student Services Officer				
Lland of Charles Commission				
Head of Student Services				
Executive Director (student servi	ces)			
+£1000				