# 19+ Fund Application



2020-2021

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 N	First Name		Student ID Number	
Address					
Post code:					
Mobile number		Home number		Date of Birth	
Email (Student)			M Ag	e (as of 31 <sup>st</sup> August 2020)	
Section 2 – Course Information					
Intended course AND Campus Level Full-time or part time				Full-time or part time	
Have you studied at Buc	ks College Gro	oup before and re	ceived funding?	Yes No	
Previous course name, le	evel and year				
Have you been resident i	n the UK/EEA	for the last 3 yea	rs? Yes	No	
What is your status in the	e UK?				
British/EU citizen F	Refugee	Asylum Seeker	Other (please	state)	
Section 3 - Bank deta	ails				
If your application is approved	d, any payments y	ou receive will be p	aid directly into you	ur bank 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) YES (Please provide evidence) Partner: (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 assessed without evidence) Other Benefits (please specify below) Question 3: Do you or your partner work? You: (Please circle) YES (Please provide evidence ) NO 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 <u>must</u> provide a photocopy of your acceptance letter from the SLC

SEE NEXT PAGE FOR EVIDENCE REQUIREMENTS

(Your form will not be processed 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 2019-2020 Tax Year to calculate entitlement.

## For those in receipt of Child Tax Credits

Please provide - 2020 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 2020.

(These can be found on your online account)

### For all other benefits

Benefit Award Entitlement letters (dated between April 2019-April 2020)

Full or Part Time Work

P60 for April 2020 or March 2020 wage slip showing total earnings to date.

## Self-employed

Accountants letter showing earnings for the 2018/2019 tax year **or** A photocopy of the relevant pages of your Self-Assessment Tax Return

If you do not work or receive Benefits, please provide an explanation on how you are supporting yourself financially on Section 5

### **Section 5 – Additional Information**

Please add any further information that may help your claim.				
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				

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



## **Application for Childcare Costs 2020/21**

	SECTION 1: Student of	details
Surname	First Name	Student ID Number
Course <u>and</u> Campus:		
Tell u	SECTION 2: Your Child(ren is about the child(ren) who requ	
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)
SE	ECTION 3: Childcare Pro	
SE <u>This section</u>	ECTION 3: Childcare Pro	ovider Details  of the childcare provider
SE <u>This section</u> Company Name	ECTION 3: Childcare Pro	ovider Details  of the childcare provider
SE <u>This section</u> Company Name	ECTION 3: Childcare Pro	Ovider Details  The childcare provider  Ofsted Reg Number
This section  Company Name  Address	ECTION 3: Childcare Pro	Ovider Details  The childcare provider  Ofsted Reg Number  Post code:
This section  Company Name  Address  Email address  If you are using management of the section o	ECTION 3: Childcare Pronunct be completed by Contact Name	Post code:  Post code:  Provider, please download

### SECTION 4: Chidcare Hours - This section must be <u>completed by the childcare provider</u>

I (the childcare provider) confirm that I/we are providing childcare as stated	DISHOW

I (the childcare	provider) confir	m that I/we are pro	oviding childcare	e as stated belo	ow:	
	Monday	Tuesday	Wednesday	Thursday	Friday	
No. of Children in childcare						
No. of hours / sessions						
Cost per hour / session						
TOTAL cost for the day						
This section	n must be comp	ECTION 5: Declarableted by the childe ERY box MUST be	care provider an	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						
<ul> <li>Saving a place during the summer.</li> <li>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</li> </ul>						
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	e	Childcare Provider	rs' Name	D	ate	
Students' Signature Students' Name Date				ate		

ASSESSMENT - Office Use Only					
19 + fund		19 + Advanc	ed Loan		
Islant Islanda Tatal	Income	Cupport	ID Seen		
Joint Income Total:	IBB / No Income	Support			
	<£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  Travel					
Course Costs					
Childcare			_		
Total					
Student Services Officer  Head of Student Services  Executive Director (student services +£1000	ces)				