**19+ DISCRETIONARY
LEARNER SUPPORT FUND**

**APPLICATION 2020/21**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | Mr □ Miss □ Mrs □Other □ | Forename: |  |
| Surname: |  |
| Address: |  |
| Postcode: |  |
| Date of birth: |  | Age: |  |
| E-mail address: |  |
| Telephone Number |  |

|  |  |
| --- | --- |
| Do you have to pay for your course in full? | Yes □ No □ |
| Have you done this course previously | Yes □ No □ |

|  |  |
| --- | --- |
| Do you have a child/children and need help with Childcare? | Yes □ No □ |
| Name of child (1): |  | Date of birth |  |
| Name of child (2): |  | Date of birth |  |
| Name of child (3): |  | Date of birth |  |
| Total number of dependants in household |  |
| Are you single? | Yes □ No □ |
| Are you married or live with a partner? |  | Yes □ No □ |
| Do you support yourself financially? |  | Yes □ No □ |

|  |  |
| --- | --- |
| Have you lived in the UK for the last 3 years? | Yes □ No □ |
| \* If you answer ‘No’ to this question your passport/Home Office papers will be required to check eligibility |

|  |  |
| --- | --- |
| I would like help with: | Memberships □ Course fees □ Childcare fees □ Textbooks □ Stationery □ Equipment/Materials □ Transport □DBS □ |

|  |  |  |  |
| --- | --- | --- | --- |
| Course Title: |  | Course Number: |  |
| Course Start Date: |  | Total number of weeks: |  |
| Please tick which days you are timetabled to attend College: |
| Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday □ |

**Please complete the table below where applicable**

|  |  |
| --- | --- |
|  | **Income** |
|  | **Amount** | **Frequency** |
| Your own income | £ |  |
| Your partner’s income (if applicable) | £ |  |
| Income Support (Universal Credit) | £ |  |
| Income related Employment Support Allowance (ESA) | £ |  |
| Income based Job Seeker’s Allowance (Universal Credit) |  |  |
| Working/Child Tax Credits  | £ |  |
| Private Pensions/Pension Credit | £ |  |
| Carers/Attendance Allowance | £ |  |
| CSA/Maintenance | £ |  |
| National Asylum Seekers Support | £ |  |
| Disability Living Allowance (Personal Independence Payment) | £ |  |
| Housing Benefit or Council Tax Benefit | £ |  |

**Household Expenditure**

|  |  |  |
| --- | --- | --- |
|  | **Amount** | **Frequency** |
| Mortgage/Rent |  |  |
| Council Tax |  |  |
| Property Insurance |  |  |
| Food |  |  |
| Utilities |  |  |
| Telephone |  |  |
| Mobile |  |  |
| Internet |  |  |
| Other weekly expenses |  |
| 1. | £ |  |
| 2. | £ |  |
| 3. | £ |  |
| 4. | £ |  |

Please read the following information carefully before signing:

* All applications will be treated as confidential and will only be seen by those responsible for the processing of your application. However, it may be necessary for contact to be made with other College staff to gain additional information to allow your application to be processed.
* I understand that it is my responsibility to immediately inform the College of any changes to my circumstances whether financially or course related which may affect my application.
* I certify that the above is a true record of my income for all household members. Should your household income before tax be above £30,000 per annum we are unlikely to provide financial support.
* If my attendance is unsatisfactory or should I fall behind with my course work then I will be expected to repay all or part of the Discretionary Support Fund received.
* Please note that if you buy any equipment or books etc. in advance of the course starting, we may not be able to refund your costs. We need to confirm your course is running and what grant aid you are eligible for. Please contact Ros Shaw (contact details below) if you need to discuss this.
* All refunds will need to be paid into a bank account and when your application for financial support has been accepted you will be asked to supply these details.

|  |  |
| --- | --- |
| Student signature: |  |
| Date: |  |
| Signature for College: |  |
| Date: |  |

**Please return your completed application to:**

**Ros Shaw**

**Grants, Welfare and Counselling Officer**

**Learning & Enterprise College Bexley**

**5 Brampton Road**

**Bexleyheath**

**Kent DA7 4EZ**

If you have any queries regarding the completion of your application,
please telephone 020 8298 2727 or e-mail ros.shaw@lecb.ac.uk

**FOR OFFICE USE ONLY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Learner ID: |  | Date received: |  | Grant Awarded: |  | Travel: | YES / NO |