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ACCESS TO LEARNING FUND APPLICATION FORM 2018/2019

Date Application Received (DD/MM/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When starting your application please:**

* Read the ALF Guidance.
* Seek advice from the Student Support Manager if you are unsure on any question or would like to further explain your circumstances.

**Before sending your application form, ensure you have done the following:**

* Provided all necessary evidence. If sending your application electronically, provide e-copies of all supporting documents on a **separate file** to the application form.
* Provided copies of all evidence – we cannot accept original documents.
* Explained all credits over £300 in and out of your account and identify regular payments.
* Answered all questions on the application form. Failure to provide full answers may result in your application being rejected.

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| 1. **Personal Details** | |
| 1. Student Number |  |
| 1. Your Title (Tick one box only) | Mr  Mrs  Miss  Ms  Other please state ……………. |
| 1. Your First Name(s) (in full) |  |
| 1. Your Last Name (in full) |  |

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| 1. **Course Details** | |
| 1. Course Title |  |
| 1. Course Type | Undergraduate  Postgraduate |
| 1. Is this your first degree? | Yes  No |
| 1. Start date of course (DD/MM/YY) |  |
| 1. End date of course (DD/MM/YY) |  |
| 1. Are you a: | Home Student  EU Student  International Student |
| 1. Year of course (e.g. 1, 2, 3, etc.) |  |
| 1. Are you repeating a year? | Yes  No |
| 1. Is this your final year? | Yes  No |

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| 1. **Disability / Special Medical Needs** | |
| 1. Do you have a disability or long-term medical condition including a chronic health condition, mental health condition or specific learning difficulty such as dyslexia? (If no, please go directly to Section D). | Yes  No |
| 1. Please provide details and include copies of medical evidence with your application: |  |
| 1. Have you applied for Disabled Students’ Allowance (DSA)? | Yes  No |
| 1. If you answered ‘no’, please explain why not: |  |
| 1. Were you awarded any DSA Funding? | Yes  No |
| 1. If you answered ‘yes’ please provide details of what you are entitled to as well as a copy of your needs assessment and DSA funding confirmation letter.   If you answered ‘no’ please provide details as to why you are not eligible: |  |
| 1. If you require access to support or equipment not funded by the DSA please provide details below of what you need funding support for. Include details of cost and why you need this for your course.   (Please speak with the Student Support Manager if you need help filling out this section or sourcing quotes for equipment or other support). |  |

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| 1. **Living Arrangements** | |
| 1. Where do you live? | Own Home  Partner’s Home  Living with Parent(s) or Guardian  Rented Accommodation |
| 1. Who do you live with?   If you ticked the box for child or adult dependents, please make sure you fill out Section E. | Partner  Other Students  Your Parent(s) or Guardian  Dependent Child / Children  Adult Dependent(s) |
| 1. How much is your rent / mortgage? | Rent £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per month  Mortgage £\_\_\_\_\_\_\_\_\_\_\_\_per month |
| 1. Do you sublet any property to tenants or lodgers? | Yes  No |
| 1. Do you contribute to your household’s Council Tax bill? | Yes  No |
| 1. If you have answered yes to Questions 24 or 25 please give details.   (If you need to, continue on a separate sheet and attach it to this form and indicate the question number you are responding to.) |  |
| 1. Are you or have you been: | A Care Leaver  Living in supported housing such as a Foyer  Providing daily care to a disabled or ill family member  Permanently estranged from your parents |
| 1. If you have ticked any of the boxes in Question 27 please give details and provide evidence.   (If you need to, continue on a separate sheet and attach it to this form and indicate the question number you are responding to.) |  |

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| 1. **Dependents** | |
| 1. Do you have any children who are financially dependent on you?   (If yes, complete the table below.)  You will need to provide evidence of your incoming benefits and outgoing costs, such as a copy of a childcare grant or other allowance and a letter from your childcare/care provider detailing weekly cost. | Yes  No |

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| **Name of dependent** | **Date of Birth** | **Do you receive child benefit? Y/N** | **Received: £ per week/month** | **Do you pay childcare? Y/N** | **Cost: £ per week/month** |
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| 1. Do you have any adults who are financially dependent on you?   (If yes, complete the table below.)  You will need to provide evidence of your incoming benefits and outgoing costs, such as a copy of a childcare grant or other allowance and a letter from your childcare/care provider detailing weekly cost. | Yes  No |

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| **Name of dependent** | **Date of Birth** | **Do you receive benefits for them? Y/N** | **Received: £ per week/month** | **Do you pay for any care costs? Y/N** | **Cost: £ per week/month** |
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| 1. **Income** | | | |
| 1. Do you receive any income from Student Finance England as listed below?   Please provide copies of relevant documentation. | | | |
| **Income Received** | | **Amount** | **Frequency** |
| Tuition Fee Loan | |  |  |
| Maintenance Grant/Loan (please indicate which) | |  |  |
| Parents’ Learning Allowance | |  |  |
| Adult Dependents’ Grant | |  |  |
| Childcare Grant | |  |  |
| Other (Please Specify) | |  |  |
| 1. Do you receive any government benefits not previously listed?   Please provide copies of relevant documentation. | | | |
| **Name of Benefit** | | **Amount** | **Frequency** |
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| 1. Do you have a paid job? | Yes  No | | |
| 1. What is your monthly salary? | £ | | |
| 1. If you live with your partner what is their monthly income? | £ | | |
| 1. Do you receive any other contributions towards living costs/rent which are not already listed such as parental or family contributions? | Yes  No | | |
| 1. If you answered yes to Question 36 provide details including amount and frequency. | Amount £  Frequency: | | |
| 1. What is your total monthly income (excluding tuition fees if you have SFE funding)? | £ | | |
| 1. What is your total yearly income (excluding fees if you have SFE funding)? | £ | | |

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| 1. **Expenditure** | | | | |
| 1. Composite Living Costs (CLC), please detail the amount for each of the following: | | | | |
| **Expenditure** | **Cost Monthly:** | | **Cost Annually:** | |
| Food/household/laundry |  | |  | |
| Electricity |  | |  | |
| Telephone |  | |  | |
| Contents insurance |  | |  | |
| Gas |  | |  | |
| Water |  | |  | |
| TV License |  | |  | |
| 1. Variable Living Costs (VLC), please detail the amount for each of the following: | | | | |
| **Expenditure** | | **Cost Monthly:** | | **Cost Annually:** |
| Rent/Mortgage | |  | |  |
| Council tax | |  | |  |
| Fees | |  | |  |
| Childcare costs | |  | |  |
| CSA payments/child maintenance | |  | |  |
| Travel costs-specify mode of transport  (term time only) | |  | |  |
| Books/course costs such as equipment and photocopying (please specify individual costs) | |  | |  |
| 1. What is your total monthly expenditure (excluding fees if you have SFE funding)? | | £ | | |
| 1. What is your total yearly expenditure (excluding fees if you have SFE funding)? | | £ | | |

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| 1. **Supporting Statement** |
| 1. State why you are in financial difficulty and why you believe your situation to be exceptional, and to merit additional support. Please state how your circumstances may have changed and what other funding you have already sought. |
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| 1. **Bank / Building Society Details** | |
| Please provide details of all bank, building society and post office accounts including current, student, savings and credit union accounts in your name, your partners name or your dependents children’s names.  Please highlight the bank account you would like you  ***Please explain all credits over £300 (including transfers) and identify regular payments in or out of your accounts. Applications submitted without relevant bank statements will not be considered.***  ***You should supply copies of statements for each account the last three months.*** | |
| 1. Name of Bank / Building Society |  |
| Account Number |  |
| Current Balance |  |
| Current Overdraft |  |
| Statements included in application |  |
| 1. Name of Bank / Building Society |  |
| Account Number |  |
| Current Balance |  |
| Current Overdraft |  |
| Statements included in application |  |
| 1. Name of Bank / Building Society |  |
| Account Number |  |
| Current Balance |  |
| Current Overdraft |  |
| Statements included in application |  |
| **Data protection**  All information given in the application process will be kept with the strictest confidence. Information will only be shared with the Student Support Department, Head of Student Services, Course Leader and Finance team who are all part of the process.  The University College of Osteopathy is a data controller and the Student Support Department follows the university’s policy in matters of data protection. The data requested in this form is covered by the notification provided by the university under the GDPR and Data Protection Act 2018. Personal data will be used solely for processing applications, statistical and electronic record keeping.  The data will not be passed to any other third party without your consent, except when the School is required to do so by law. | |

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| 1. **Student Declaration** | |
| * I declare that the information given is complete and accurate to the best of my knowledge. * I understand that the information I supply may be verified by the UCO and that my application cannot be processed without supporting evidence. * I understand that giving false information and/or withholding information could automatically disqualify my application and may also lead to disciplinary action such as Fitness to Practise, resulting in possible expulsion from the UCO and action being taken to recover any awards received. * I acknowledge that further evidence may be requested to substantiate my application. * I will inform the UCO of any changes in my financial circumstances which may affect my application. * I understand that any awards are subject to funding available. * I acknowledge that an electronic application and evidence will only be accepted if it is sent from my UCO email address. | |
| **Your Name (CAPITALS)** |  |
| **Your Signature** |  |
| **Date** |  |

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| 1. **Supporting Documentary Evidence Checklist** |
| To avoid delays in processing your application, please ensure you use the checklist below to ensure you have provided all necessary documentary evidence.  Please ensure you provide scanned copies, do not provide originals.  Three months bank statements of all accounts, including explanations of regular payments and payments of over £300 or more if this is not already clear from the statement.  2018-2019 Financial Notification from Student Finance England/Student Loan Company including your Student Finance Breakdown and Payment Schedule. (If applicable)  DSA notification letter of entitlement (if applicable)  Copy of your current needs assessment (if applicable)  Medical evidence for a disability or health condition (if applicable)  Two months’ recent payslips as proof of your earnings  Evidence of any other benefits/tax credits received by you and/or your partner (if applicable)  Evidence of any other income support (this may be provided by family members)  Tenancy agreement or mortgage statement  Insurance costs, showing monthly amount  Evidence of public transport costs  Evidence of car ownership such as MOT, or insurance certificate  Evidence of childcare/care payments, such as written confirmation of costs from the care-provider. (If applicable)  Evidence of maintenance paid for dependent children such as a letter from the parent or Child Maintenance Service (if applicable) |