

Please complete all relevant sections of the form in **BLOCK CAPITALS****Section 1 : Student Details**

First name Surname Date of birth Age on 31st August 2024

Who do you live with: Parents Spouse/Partner On my own Other

How many Dependents live in your household? Are you or do you live with a single parent? Yes No

Is your household income less than £25,000 a year Yes No Can you confirm that you are not receiving any additional funding (such as NHS Bursary). Yes No

Section 2 : Your Course

Course Title Level Full Time Part Time

Section 3: HE Hardship Fund Criteria

To qualify you must be in receipt of all Student Finance England assistance you are eligible for, you could receive additional support if you are:

- A part-time student with children
- Homeless or assisted living
- From a low income family
- A care leaver

What date did you start your course? Full-time Part-time

Section 4 : Evidence

You must provide your student finance breakdown and either **A, B or C**:

A. If Student Finance England used **your parent's income** to assess your award please provide:

- Your parents'/guardians' tax credit award notice Your parents'/guardians' P60s or three payslips for each Three recent and consecutive bank statements for each parent/guardian in the household

B. If Student Finance England used **your income** to assess your award please

- Your tax credit award notice A P60 or three payslips for you and your partner Three recent and consecutive bank statements for you and your partner

C. If you are in care or a care leaver:

- A letter confirming status from the Local Authority Independent income evidence (such as universal credit statement) A P60 or three payslips for you and your partner Three recent and consecutive bank statements for you and your partner (if you have one)

IF YOU CANNOT PROVIDE EVIDENCE THEN WE CANNOT PROCESS YOUR APPLICATION FOR HARDSHIP OR BOOST PAYMENTS.

Section 5 : Support Options

Please tick the options that apply:

- Hardship for Full-Time Student** **Hardship for Part-Time Student**
 Boost Award (Closing date for Boost application is 11th October)
 Childcare for Part-Time Student (Please complete the separate childcare form)

Section 6: Statement to support application

Please provide any further information you think we should know to support your request for financial support.

Section 7: Student Bank Details

Name On Account

Bank Name (Lloyds, etc)

Sort Code

Account Number

If you fail to provide YOUR bank details your application will not be processed.

Section 8: Privacy and your data

Heart of Worcestershire College collects and processes personal data relating to its learners to effectively manage your learning and to meet its statutory obligations as a Further Education College; the College is the Data Controller for this information. The College is committed to being transparent about how it collects and uses that data and to meeting its data protection obligations.

The full Privacy Notice and associated policies can be viewed online at www.howcollege.ac.uk, and these detail what, how and why we collect data, as well as how it is stored, and your rights relating to that data. We can also supply a printed copy and alternative formats upon request; we can also help explain anything you do not understand - please ask a member of staff.

Section 9: Student Declaration

- I declare that the information on this form is true and accurate to the best of my knowledge.
- I have made this claim for financial support and am fully aware that false statements can lead to withdrawal/ refusal of financial support and may lead to open prosecution.
- I understand that if I refuse to provide evidence relevant to my claim the application will not be accepted.
- I will adhere to the **attendance and behaviour** policy and understand i must complete my course.
- When changes to my household financial circumstances occur, I will notify my institution immediately.
- I will notify my institution immediately of any changes to my bank details.
- I understand that monies I received have been awarded to provide me with financial support to allow me to continue in education and if I leave education all financial support will stop.
- I understand that I do not have an automatic entitlement to payments, and all payments are based on the information I have provided.
- I understand that I have the right to appeal if I disagree with the outcome of my application. This appeal should be made to my institution and I can follow the complaints procedures explained during the induction.

Applicant signature*

Date

*Entering my name into the signature field confirms my intention to abide by the terms and conditions. I understand I may be contacted to provide further evidence.