

Application for Support from the HE Hardship Fund

Important

- Read the accompanying guidance notes before completing this form.
- Your application will not be considered if you do not answer all the appropriate sections and attach copies of all relevant documents.
- Answer all the questions, by **printing clearly in black ink** and by **ticking** the appropriate boxes.
- Return your completed form to Student Finance (HEHF) L25, Writtle University College, Writtle, Chelmsford CMI 3RR.

Part I: Your Personal Details

1 Student ID number

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
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2 Your title (tick **one** box only)

<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other
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3 Your first names (in full)

4 Your surname (in full)

5 Your date of birth (DD/MM/YYYY)

6 Your age (in years) on 1/9/2017

7 Your full **correspondence** address

Postcode

9 Mobile Telephone number

10 E-mail address – University College

All correspondence will be sent via the University College e-mail system.

II Personal status/Accommodation details

Do you live: alone? in a hall of residence?
 with your partner or spouse? with your parents or guardian?
 in shared accommodation?

↓

How many other adults live at this address?

Do you share all household expenses? Yes No

Part 2: Course Details

12 Course title

13 Faculty/Department

Undergraduate Postgraduate

14 Are you studying: Full time? Part time? Distance Learning?

15 Start date of course (DD/MM/YYYY)

16 Year of course 1 2 3 Other (please state year)

17 Is this a repeat year? Yes No

18 Is this your final year? Yes No

19 Is this a sandwich/placement year? Yes No

↓

Is it: paid? unpaid?

Part 3: Your Dependants

20 Do you have any children who are financially dependent on you?

Yes → Give details

	Full name	Date of birth
<input type="checkbox"/> No		

(If you need to, continue on a separate sheet and attach it to this form.)

Part 3: Your Dependants (continued)

21 Do you have any adults who are financially dependent on you?

Yes

→ Give details

Full name

Date of birth

No

Full name	Date of birth

(If you need to, continue on a separate sheet and attach it to this form.)

Part 4: Disability/Special Medical Needs

22 Do you have a disability or chronic medical condition?

Yes

No

23 Have you applied for Disabled Students' Allowance (DSA)?

Yes

No

24 Do you wish to apply for any financial assistance towards any special equipment/material not covered by DSA or for assistance towards the cost of a diagnostic test?

Yes

No



Give details

(If you need to, continue on a separate sheet and attach it to this form.)

Part 5A: Student's Income
(There are 37 weeks in the HE year)

	Wk/Mth/Yr
Maintenance grant	<input type="text"/>
Special Support Bursary	<input type="text"/>
Student loan	<input type="text"/>
Parents Learning Allowance / Lone Parents' Grant	<input type="text"/>
Adult Dependants' Grant	<input type="text"/>
Childcare Grant	<input type="text"/>
Care Leavers' Grant	<input type="text"/>
Disabled Students' Allowance (DSA)	<input type="text"/>
Net earnings	<input type="text"/>
Parental / Partner contribution	<input type="text"/>
Child Tax Credit	<input type="text"/>
Working Tax Credit	<input type="text"/>
Child Benefit	<input type="text"/>
Housing / Council Tax Benefit	<input type="text"/>
Income Support / Universal Credit	<input type="text"/>
Jobseekers' Allowance	<input type="text"/>
Professional / Career Development Loan	<input type="text"/>
Scholarships / Trusts/Grants	<input type="text"/>
Disability benefits (please specify)	<input type="text"/>
Other income including savings (please specify)	<input type="text"/>

Part 5B: Partner's Income

Net earnings	<input type="text"/>
Other	<input type="text"/>
Overall Total (5A+5B)	<input type="text"/>

Part 6: Student's and Partner's Expenditure

Composite Living Costs	Wk/Mth/Yr
Food / Household / Laundry	<input type="text"/>
Gas	<input type="text"/>
Electricity	<input type="text"/>
Water	<input type="text"/>
Telephone	<input type="text"/>
TV licence	<input type="text"/>
Contents insurance	<input type="text"/>
Council Tax	<input type="text"/>
Fees	<input type="text"/>
Halls / Rent / Mortgage	<input type="text"/>
Childcare costs	<input type="text"/>
Travel costs (home to institution)	<input type="text"/>
Travel costs (daily travel during term time)	<input type="text"/>
Private vehicle costs (road tax, Fuel, insurance, maintenance etc)	<input type="text"/>
Books /equipment / course costs (including photocopying)	<input type="text"/>
Disability costs not covered by DSA (please specify)	<input type="text"/>
Insurance (excluding car / contents insurance)	<input type="text"/>
Other costs (please specify)	<input type="text"/>
Total	<input type="text"/>

25 Please state why you are in financial difficulty and why you believe your situation to be exceptional and also make it clear if you are applying for a specific reason eg childcare or residential costs. If you have already received Hardship funding this academic year, please state the amount: £.....

As a guide, please state the amount requested for the year: £.....

The information which you have provided in this form will be treated in the strictest confidence. Disclosure will be made only to those persons exercising the necessary responsibility for the control and administration of the University College HE Hardship Funds.

Data Protection Act 1998

Writtle University College is a data controller in terms of the 1998 legislation. The Student Finance Department follows University policy in matters of data protection. The data requested in this form is covered by the notification provided by the University under the Data Protection Act. Personal data will be used solely in the department for statistical purposes and electronic records keeping.

The data will not be passed to any other third party without your consent, except when the University is required to do so by law. Any formal enquiries concerning the use of data noted here should be addressed to The Head of Student Finance, Writtle University College, Chelmsford CMI 3RR.

Part 8: Declaration

- **I certify that to the best of my knowledge, I fulfil the following criteria:**

(please tick the relevant boxes)

Either

I am a UK National

I am an EU National

There are no restrictions on my stay and I am therefore *settled within the United Kingdom (UK) (ie, have the Right of Abode in the UK or have Indefinite Leave to Enter/Remain (ILE/R) in the UK).

or

I have been recognised by the UK Government as a Refugee and have Full Refugee Status/ILE/R as a result.

I have Exceptional Leave to Enter/Remain in the UK/Humanitarian Protection/Discretionary Leave (ELE/R/HP/DL).

I am an EEA Migrant Worker or Swiss employed person.

I am the spouse of an EEA Migrant Worker or Swiss employed person.

I am the child of an EEA Migrant Worker, Swiss employed person, Swiss National or Turkish worker.

If you are an EEA Migrant Worker or Swiss Employed person, please say whether you intend to continue.

*'settled' – on the first day of the first academic year of your course.

plus

I have been 'Ordinarily Resident' within the UK and Islands for 3 years immediately before the start of my course. (Anyone with ELE/R/HP/DL or anyone recognised by the UK Government as a Refugee should have maintained 'Ordinary Residence' from the date this status was granted.)

None of this time was wholly or mainly for the purpose of receiving full time education, or if it was I was resident in the EEA immediately prior to this 3 year period.

and

I confirm that I am supporting the children named in Part 3.

I confirm that I am not living with a spouse/partner.

I confirm that I am registered and in attendance on the course described in Part 2 of this form.

- I declare that the information that I have given on this form is correct and complete to the best of my knowledge.
- I understand that giving false information will automatically disqualify my application and may also lead to disciplinary procedures resulting in possible expulsion from the university. I further undertake to repay any grants obtained by me as a result.

Your name (CAPITALS)

Your signature

Date

Part 9: Student Checklist

Photocopies of documents seen

- Support Notification Form from SFE (Student Finance England)
- Loan Request Form/Payment Schedule Letter**
- LA Breakdown Letter for Dependants' Grant and Enrolment form/Student Status Letter
- Part time Student Support Notification
- Enrolment Form/Student Status Letter
- Evidence of Fees Paid/Payment Plan
- Child Benefit Book or 'DWP' Letter and Children's Birth Certificates
- Bank/Building Society Statements ~ last 3 months**
- Evidence of Rent/Mortgage
- Evidence of Benefits Claimed
- Student ID Card
- Evidence of EU "Home" residency status
- Other

Please ask your Course Scheme Manager to comment and sign in support of your application overleaf **before** returning the form to Student Finance.

Part 10: STAFF RECOMMENDATION

Please tick the relevant box below:

	Part-time HE student studying for one “Taster Module” – the student is undertaking a module of between 10% and 50% of a F/T course.
	HE student – the student is undertaking a full-time undergraduate course or working to a minimum of 60 credit points in any one year (ie 50%).
	Postgraduate student – the student is full-time or working to a minimum of 90 credit points in any one year (i.e. 50%).
	Disabled student – the student is studying for at least 25% of a F/T course.

Please comment below:

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.....

.....

Attendance and commitment is: Poor / Satisfactory / Good / Excellent *(Please tick)*

I Support / Do Not support this application.

Signature Date

Print Name.....

Important Notes

After completion, this form should be sent to Student Finance (HEHF) L25, Writtle University College, Writtle, Chelmsford CMI 3RR. Your application will be considered by the Panel at the next meeting date. Please do not forget to sign the declaration, and enclose relevant evidence and recommendations as applications will not be presented to the Panel incomplete.

Panel dates 2017/2018

1st November 2017 6th December 2017
 17th January 2018 21st February 2018 21st March 2018 25th April 2018

ANY AWARDS GIVEN WILL BE PAID DIRECTLY TO THE STUDENTS BANK ACCOUNT.

Please complete your bank details of the account you wish credited below:-

Bank:

Name of account holder:.....

Bank Sort code:

Bank Account Number:

Confirmation of payment will be sent to your student email account on the day payment is sent.

Awards for University College Charges will be sent directly to Finance.

FOR OFFICE USE ONLY

FINANCE

Outstanding Debts to College Yes / No Amount / Details

Any other relevant information?

.....

.....

Signature: Date:

STUDENT SUPPORT FT PT HE PG Disabled

Standard Fee Waiver (Transitional) Childcare for PT Students
 Non-Standard Taster Module Emergency Loan

.....

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.....

.....

Signature: Date:

Member of College Management Team

Approved **Rejected**

.....

Comments

.....

.....

Signature: Date:

Amount of Grant	Amount of Loan	Repayment Date	Rejection	Date Student Notified	Date Cheque Collected