HEALF

Academic Year 2015/2016

Date of Receipt	
·	

Application for Support from the HE Access to Learning Fund

Important

- Read the accompanying guidance notes before completing the 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 Services.

Pai	rt 1: Your personal details				
1	Student registration/enrolment no				
2	Your title (tick one box only)	Mr Mrs Miss Other			
3	Your first names (in full)				
4	Your surname (in full)				
5	Your gender	Male Female			
6	Your date of birth (DD/MM/YYYY)				
7	Your age (in years) on 31/08/14				
8	Your full address				
	Postcode				
9	Telephone number				
10	Email Address				
11	1 Personal Status/Accommodation Details				
	Do you live alone?	with your parents or guardian?			
	in shared accommoda	with your partner or spouse?			
	↓				
	How many other adults li	ve at this address?			
	Do you share all househo	old expenses? Yes No			

Macclesfield College Part 2: Your Course Details 12 Course Title Full time Part time 13 Are you studying 14 Start date of course (DD/MM/YYYY) 15 Year of course 2 16 Is this a repeat year? Yes No 17 Is this your final year? No Yes Part 3: Your Dependents 18 Do you have any children who are financially dependent on you? No **Full Name Date of Birth** Yes → Give Details 19 Do you have any adults who are financially dependent on you? **Date of Birth** No **Full Name** Yes → Give Details Part 4: Disability/Special Medical Needs 20 Do you have a disability or chronic medical condition? Yes No 21 Have you applied for Disabled Students' Allowance (DSA)? Yes No 22 Do you wish to apply for any financial assistance towards any special equipment/material not covered by DSA or for assistance towards cost of a diagnostic test? (Dyslexic students) Yes Give Details

Part 5: Financial Details

A: Student's Income	Wk/Mth/Yr	Student and Partner's Expenditure	
Maintenance grant		Composite Living Costs	
Student Loan		Food/Household/Laundry	
Other Student Loan		Gas	
Childcare Grant		Electricity	
Child Tax Credit		Water	
Working Tax Credit		Telephone	
Child Benefit		TV Licence	
Housing/Council Tax Benefit		Contents Insurance	
Income Support		Council Tax	
Jobseekers Allowance			
Career Development Loan		Fees	
Disability Grants (please specify)		Rent/Mortgage	
		Childcare Costs	
		Travel Costs (home to College)	
Other Income including savings (pleas	e specify)	Private Vehicle Costs	
		Books/equipment/course costs (including photocopying)	
B: Partner's Income		Disability costs not covered DSA (pleas	se specify)
Net earnings			
Other (please specify)		Insurance (excluding car/contents insurance)	
		Other costs (please specify)	
Overall total (A + B)		Total	

Part 6: Supporting Statement 23 State why you are in financial difficulty and why you believe your situation to be exceptional, and to merit additional support

Confidentiality

Applications are seen only by the Committee and Student Services staff. It may be necessary for additional supporting information to be sought from other College staff in order for the Committee to reach a decision.

Data Protection Act 1998

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

The data will not be passed to any other third party without your consent, except when the College 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 Services and Support.

Part 7: Declarations

I certify that to the best of my knowledge, I fulfil the following criteria: (please tick the relevant boxes)					
Either					
There are not restrictions on my stay and I am therefore *settled within the United Kingdom (UK) (i.e. 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 began my course of study before 1 September 1997					
I am an EEA Migrant Worker					
I am the spouse of an EEA Migrant Worker					
I am the child of an EEA Migrant Worker					
* '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					
and					
I confirm that I am supporting the children named in Part 3					
I confirm that I am not living with a partner/spouse					
I confirm that I am registered and in attendance on the course described in Part 2 of this form					
r. I declare that the information that I have given on this form is connect and complete to the best					
 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 College. I further undertake to repay any grants obtained by me as a result 					
Your name (Capitals) Your signature Date					

Student Checklist

Photocopies of docur	Photocopies of documents to be provided						
Student Loan Support Notification form							
Payment Schedule	Payment Schedule letter						
LEA breakdown let	breakdown letter for Dependants' Grant and Enrolment form/Student Status Letter						
Part time Student S	ent Support Notification						
Enrolment Form/St	Student Status Letter						
Evidence of Fees p	Fees paid/Payment plan						
Child Benefit book	Child Benefit book or 'DWP' letter and children's birth certificates						
Bank/Building Socie	ety statements						
Evidence of rent/me	ortgage						
Evidence of benefit	s claimed						
Other (give details)	Other (give details)						
FOR OFFICE USE ONLY	1						
Decision							
Date	Staff Signature						
Category of Award	Value of Award						
Date Cheque Raised	Date issued to student						