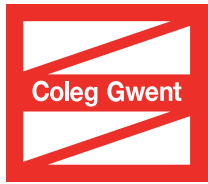


OFFICE USE ONLY

Learner ID: Under 19 Over 19 Date received: Received by:



Supporting our learners Financial Contingency Fund (FCF) Application form 2019/20

Please read the accompanying FCF Guidance Notes before completing this application form.
This form is also available in Welsh upon request.

If you do not understand anything, or have difficulty in completing this form our Learner Services team are available to help.

To qualify for FCF support you must have been awarded EMA (Education Maintenance Allowance) or WGLG (Welsh Government Learning Grant). However, you can submit your application for the FCF whilst awaiting your EMA or WGLG award notification.

Return your completed application form to your campus Learner Services

All support is dependent on Welsh Government funding. Support is not guaranteed until you receive written notification from Coleg Gwent.

Section A: What do you need financial support with?

Tick **ALL** that apply:

- Transport cost / bus pass
- Equipment, kit, uniform or PPE for your course
- Disclosure and Barring Service Check (DBS)
- Childcare* (complete additional childcare application form)
- Meal costs during college hours – **You must provide evidence of your household income (under 19's only)**

Section B: Personal details

Please complete **ALL** details and use the name used to enrol.

First name: Last name:

Address:

Postcode: Date of birth:

Are you a UK Citizen? Yes No

What course are you studying (provide full course name)?

Section C: Learner payment details

Financial Contingency Funding for certain grants will be paid by BACS. In order for us to pay grants directly to your bank account, please provide the following information:

Account holder's name (Learner):

Bank Sort Code: - -

Bank Account Number:

or Building Society roll number:

This account must be in your name and you must provide your full details. Please ensure the details are correct or we will not be able to pay you. If your account details change please let us know.

Section D: Household details – To be completed by the student

If you are living with your parents, partner or spouse, you will need to confirm this below. Their income will be taken into account when assessing your application. Please provide the details of any adults that you live with:

Name: Relationship to you:

Name: Relationship to you:

Do you have any children under the age of 16 who are financially dependent on you? Yes No

If yes, please state their age(s):

Do you provide care for a family member who is ill or disabled? Yes No

If yes, please state their name and relationship to you:

Section E: Household income

IF YOU ARE APPLYING FOR FINANCIAL SUPPORT FOR **MEAL COSTS** COMPLETE THIS SECTION AND PROVIDE THE SUPPORTING DOCUMENTATION.

Please indicate which of the following income(s) you, or anyone in your household receive:

- | | |
|---|--|
| <input type="checkbox"/> Wages / salary | <input type="checkbox"/> Job Seekers Allowance |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Child Support Allowance / Maintenance |
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Child Tax Credit |
| <input type="checkbox"/> Working Tax Credit | <input type="checkbox"/> Universal Credit |
| <input type="checkbox"/> Employment & Support Allowance | <input type="checkbox"/> Private and / or state pension |

Please provide copies of all of the following supporting documentation:

- A Tax Credit Assessment Notification (TCAN 602)
- Any benefit letters dated within the last 6 months
- Two consecutive bank statements dated within the last 6 months
- Any other relevant proof of payment and frequency, if dated within 6 months

Section F: Declaration and data protection

I declare that I have read the guidance notes and to the best of my knowledge the information I have provided is correct. I am able to provide evidence as requested. I know that giving false information can lead to prosecution. I acknowledge that I need to provide my completed application form and all relevant evidence to be eligible for any support from the fund.

I understand that any monies received from this fund will only be paid if my attendance is above 90% and that I adhere to the Code of Conduct. Failure to comply with this can result in payments being withdrawn.

Coleg Gwent collects information about learners for various administrative, academic and health and safety reasons. The Data Protection Act 1988 requires your consent, before we can do this.

I agree to Coleg Gwent processing data contained on this form for any purpose connected with my proposed studies or my health and safety, whilst on the premises or for any legitimate reason. I understand that this information may be passed to other members of staff if deemed necessary.

Are you related to any member of staff who is currently employed by the college? Yes No

Signed (Learner):

Date:
