**OFFICE USE ONLY: Date received: Received by:**

Supporting our Learners





**Financial Contingency Fund (FCF)**Application form 2020/21

Please read the accompanying FCF Guidance Notes before completing this application form.

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, we encourage you to submit your application for the FCF whilst awaiting your EMA or WGLG award notification. If you are not eligible for EMA or WGLG but can evidence financial hardship you are also welcome to apply.

**Section A: What do you need financial support with?**

Tick all that apply:

Bus Pass Childcare\* (please complete additional childcare application)

Equipment, kit, uniform or PPE for your course Meal costs during college hours (16-18 only)

Disclosure Barring Service (DBS)

**Section B: Personal details**

Please complete ALL details

Learner ID: You can find this on any letters/emails that you’ve received from us

Full Name:

DOB: / /

Course Title:

Campus: Blaenau Gwent Learning Zone Crosskeys City of Newport Torfaen Learning Zone Usk

Are you a UK Citizen? Yes No

Are you an Asylum Seeker? Yes No

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

Are you a looked after child (LAC) or Care leaver? Yes No

**…………………………….…………………………………………………………….**

**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: ⬜ ⬜ ⬜ ⬜ ⬜ ⬜ ⬜ ⬜

If you have a **Building Society roll number** please include this here: ⬜ ⬜ ⬜ ⬜ ⬜ ⬜ ⬜ ⬜ ⬜ ⬜ ⬜

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 Income (Meal costs only)**

Please complete this section and provide the supporting documentation.

To receive help towards meal costs, you must evidence that you are currently in receipt of one or more of the following benefits. Please indicate which benefit/s you, or anyone in your household receive and supply evidence:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ⬜ | Income Support |  | ⬜ | Income-based Job Seekers Allowance |
| ⬜ | Income-related Employment Seekers Allowance |  | ⬜ | Support under Part VI of the Immigration and Asylum Act 1999 |
| ⬜ | Guarantee element of Pension Credit |  | ⬜ | Child Tax Credit (not working tax credit and your annual gross income is no more than £16,190) |
| ⬜ | Working Tax Credit run-on (paid for 4 weeks after a claimant stops qualifying for Working Tax Credit) |  | ⬜ | Universal Credit (provided the household has an annualised net earned income of no more than £7,400 ) |

**Section E: Declaration and GDPR**

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 support from this fund may only be paid if my attendance is above 90% and that I adhere to the Code of Conduct. Failure to comply with this could result in support being withdrawn.

Coleg Gwent collects information about learners for various administrative, academic and health and safety reasons the General Data Protection Regulation (GDPR) and Data Protection Act (2018) 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

If yes, please provide details:

Name: ……………………………………………………………………………………………………………………………………………………………….

Position: ……………………………………………………………………………………………………………………………………………………………

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed (Learner): |  |  | Date: |  |

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**Please email your completed application form and any supporting evidence to** [**financesupport@coleggwent.ac.uk**](mailto:financesupport@coleggwent.ac.uk)