

A5. Equal Opportunities Monitoring

Are you:

Male

Female

How would you describe your ethnic origin?

White

British

Irish

Any other white background

Mixed

White and black Caribbean

White and black African

White and Asian

Any other mixed background

Black or Black British

African

Caribbean

Any other black background

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background

Chinese or other

Chinese

Any other

A6. Bank Details

To receive payments, you must have a bank account in your own name to receive payments. If you do not have a bank account, you need to open one first and then fill in this form when you have the information we need.

Full Name of Learner:

This should be the name as it appears on your cash or debit card, or statement.

Name of Bank:

Branch:

Sort Code:

Account N^o:

Evidence (Part B)

B1. In Care

LEA Name:

Social Worker Name:

Contact N^o:

Email Address:

B2. Care Leaver

LEA Name:

Social Worker Name:

Contact N^o:

Email Address:

B3. Universal Credit or Income Support

I am the young person currently in receipt of Universal Credit or Income Support.

From (date):

B4. Disability Living Allowance

I am the young person currently in receipt of Disability Living Allowance or Personal Independence Payment.

From (date):

B5. Residency

Please state your residency below (e.g. United Kingdom). Further guidance regarding residency is available at '[www.direct.gov.uk/16-19 bursary](http://www.direct.gov.uk/16-19-bursary)'.

Document Checklist

I have included originals of the following documentation:

An account statement, letter or form from my bank that shows my name, sort code, account number and home address.

Written confirmation of my looked after status from the local authority that supports me.

Official correspondence from the Department of Work and Pensions that states I am in receipt of Universal Credit or Income Support , Employment Support Allowance or a Disability Living Allowance. For those in receipt of Universal Credit we will require copies of the 3 most recent monthly pay awards received.

Proof of any unearned income(Savings, investments or shares)

Declaration

If you give false or incomplete information that leads to incorrect/overpayment may result in future payments being stopped and any incorrectly paid funds being recovered. This could also result in a referral to the police with the possibility of the student and/or their family facing prosecution. As part of our assessment process we will thoroughly check every application form and may request further evidence. If that evidence is not provided we will not be in a position to award payment of the 16-19 Bursary Fund.

I have read and understand the statement above and declare that the information given on this form is correct and complete to the best of my knowledge and belief.

I understand that:

- If I do not comply with my 16-19 Bursary Fund Agreement, or if I leave my learning programme, I will not be eligible to receive further payments; and any 16-19 Bursary Fund overpaid will need to be repaid by me.
- I am not allowed to receive 16-19 Bursary Fund payments at the same time as any other government training or learning allowance.
- The information I have provided may be shared with the ESFA and the Department of Work and Pensions, as allowed by law, for the purposes of checking my application and/or prevention of fraud.
- I may only claim the 16-19 Bursary Fund if I fulfil the conditions of residency as published at 'www.direct.gov.uk/16-19bursary' and I have self-certified my eligibility in part B5.

I authorise Mark Rutherford School to disclose information regarding any benefits and allowances declared on this form for the purpose of assessing an application for the 16-19 Bursary Fund.

Signed (Student).....Date.....

Please submit this form to Mrs Henderson (Assistant Head of Sixth Form) so your application can be assessed. You will be informed of the outcome of your application in writing, within two weeks of submission.



Application Receipt Form

Date received: _____

Document check completed by: _____ (Signed)

Notes on missing documents:

Empty box for notes on missing documents.

Form signed/dated: Yes

No

Sections fully completed (circle as required):

A1 Yes/No
A3 Yes/No
A5 Yes/No
B1 Yes/No
B3 Yes/No
B5 Yes/No

A2 Yes/No
A4 Yes/No
A6 Yes/No
B2 Yes/No
B4 Yes/No

Further action required: _____

Outcome of application: _____

Bursary awarded: _____

Authorised by (signed): _____

Finance department:

Instalment 1
Autumn

Instalment 2
Spring

Instalment 3
Summer

Actioned (initial and date):