

Admin Office Newbattle Abbey College Newbattle Road Dalkeith Midlothian EH22 3LL

Telephone: 0131 663 1921 office@newbattleabbeycollege.ac.uk

Student Funding Application 2019-2020

(Please read the Introduction to Student Funding, before completing the Student Funding Application)

APPLICATIONS MUST BE RECEIVED PRIOR TO THE START DATE OF YOUR COURSE

Newbattle Abbey College is committed to protecting your privacy and as such we comply with the General Data Protection Regulations 2018. A copy of our Privacy Statement for Students is enclosed with this form.

The Bursary fund is cash limited and applications can only be considered while funds remain available. The fund can close at any time and without warning, therefore a submitted and completed application form is NOT a guarantee of funding. Completed applications are processed on a first-come first-served basis. To ensure your funding is in place for you starting and you are on the first payment run, applications and all evidence should be submitted by Friday, 30 August 2019.

If you have any questions about this application, please contact us before sending it to us. Call our enquiry line on 0131 663 1921 or email us at office@newbattleabbey.ac.uk

WHO SHOULD COMPLETE THE APPLICATION?

Only students starting a full-time non-advanced course should complete this form. If you are studying parttime or at HNC/HND level, contact our Admin Office at office@newbattleabbey.ac.uk for further advice.

If you normally live in Orkney or Shetland you are not eligible for a bursary from Newbattle Abbey College. You will need to apply to your local Islands Authority. However, if you are eligible for EMA you should apply to Newbattle Abbey College for EMA only.

RETURNING THE APPLICATION FORM

Complete all information and enclose all relevant documents. If you don't have all the evidence we need you should still return your form. Any outstanding evidence can be sent at a later date.

Do NOT send us original documents, send us CLEAR PHOTOCOPIES. However we reserve the right to The College does not ask for original documents. accept liability for any form or document which may be lost in the post.

Send your completed form and documents to:

Admin Office **Newbattle Abbey College** Dalkeith Midlothian EH22 3LL



Make sure you pay the correct postage.

To get payments backdated you need to return the form no later than six weeks after the start date of your course. College courses commence 9 September 2019.

WHAT HAPPENS NEXT?

You will receive an acknowledgement email when we receive your application form. If you do not receive an email within 2 weeks of sending your form, please contact us.

It can take up to 6 weeks for your application to be We will contact you in writing if we require assessed. This is due to the volume of applications further information or evidence to complete received. Apply early!

We will only send you an award notice when your application is fully complete. This means we must have all of the information and evidence required.

our assessment.

SECTION 1 - PERSONAL DETAILS

Please use BLOCK CAPITALS and ink to complete this form

Title	Mr	Mrs	Miss	Ms
Forename(s)				
Surname				
Date of Birth			Gender	
Country of birth				
Nationality				
Maiden Name				
Please give your current address (if different from			ow it, please also give	your term-time
Home address		1	Term-time address	
		-		
Postcode		J	Postcode	
Where will you live during	term-time? (Plea	se tick on	e box).	
Parental Ov Home Hor		College modation	Other (specify)	
Home phone number		-	Mobile phone number	
Email address				

SECTION 2 - COU	RSE DETAILS
Name of course	
Date you started/w	vill
start the course	
SECTION 3 - BANK	DETAILS
52011011 5711111	
	of the bank account into which you wish to receive your payments. This account wn name. Please note that missing or incorrect bank details will delay your payments.
Name of Bank	
Branch Address	
Name of the	Name of account holder as it appears on
account holder	your card
Sort Code	You can find this <u>6-digit number</u> on your bank card or bank statement
Account Number	You can find this 8-digit number on your bank card or bank statement
Building Society Roll Number	(If applicable)

SECTION 4: RESIDENCY DETAILS

ALL STUDENTS MUST COMPLETE THIS SEC liable for your tuition fees.	TION IN FUL	L. Failure	to do so	could result in yo	ou being
4.1 How long have you lived in the UK?	(day/m	onth/year)		(day/month/ye	ear)
All my life OR From			То		
How long have you lived in Scotland?	(day/m	onth/year)		(day/month/ye	ear)
All my life OR From			То		
4.2 Please give details of your address for 130 August 2016).	the three yea	ars prior to	the start	date of your cours	se (since
Full Address	Date From	Date To		noved to Scotland pre reason for movin	
4.3 Do you require a Visa to reside or study in the UK	Yes	No			
4.4 Will you have permanent residence in Scotland on the start date of your course?	Yes	No			
4.5 Please select one of the two options pyour own name or you are named on a fami				ur immigration sta	tus is in
Is your status in the UK:	In your owr	name			
b)	Due to the	accompanin	nent of a	family member	
If b) Please provide the name of your fammember can mean your husband, wife, civil	•			•	'Family

SECTION 5 - EDUCATION DETAILS

	5.1 When did you leave school/Name (MM/YY)						
	2 Have you been in educ ick 'Yes' even if you did			school?	Yes	No	
lf	If 'Yes' give course details below.						
	Title and level of course (for example NC Beauty)	Full or part-time	Name of University or College	Date Started	Date Left	Funding received*	
*F	or example EMA, bursary	y, SAAS, trave	el expenses, fees or	ıly, etc.			
	3 If you did not comple hich course and why.	ete or achiev	e a qualification fo	or any cour	se listed al	pove, please state	

SECTION 6 - EMPLOYMENT HISTORY

Please give details of all employment/benefits claimed during the last 6 years or since leaving school. You should account for the whole period including any gaps in your history e.g. if you were a student, bringing up children, volunteering, travelling etc.

Name and address of your employer or benefits office	Did you work full or part- time?	Job title or type of benefit received	Date from (MM/YY)	Date to (MM/YY)

SECTION 7 - STUDENT CATEGORY

7.1 This section helps to decide whether you are a parentally supported student or a self-supporting student and whose income needs to be taken into account when assessing your award.							
Are you aged 25 or over on 30 Yes If 'Yes' you are a self-supporting student. Go to Section 8.							
No If 'No' continue to 7.2.							
7.2 A student who has not yet reached the age of 25 may be defined as self-supporting if they answer 'Yes' to one or more of the following criteria:							
a. Are you married, in a civil partnership or living with a partner in an established relationship?							
b. Are both your parents deceased?							
c. Do you have any children or are caring for a child dependent on you?							
d. Have you supported yourself financially for a total of three years or more prior to the start date of your course?							
If you answered 'Yes' to any of the above criteria and can provide the relevant proof you may be considered as a self-supporting student.							
If you answered 'No' to all of the above criteria you are a parentally supported student.							

SECTION 8 - ABOUT YOUR FAMILY

What is your marital status? (A	Γ)							
Single Ma	arried	Civi	l Partne	rship	Living w	ith partner		
Divorced Sepa	rated		Wide	owed]	<u>—</u>		
Who will you live with whilst attending college? (e.g. parents, partner, flatmate, on my own etc.)								
If you are a 'parentally supplived with and any partner wh			e details	of the pa	rent(s)/guardia	n(s) you live with or last		
If you are a 'self-supporting give details of your partner.	stude	nt' and you	are mar	ried, in a	civil partnershi	p or live with a partner		
	Pare	ent/Guardiar	n/Partne	r (1)	Parer	nt/Guardian (2)		
Name								
Address								
Postcode								
Marital status								
Relationship to you								
I am living under the care of r	ny loca	al authority o	or with fo	oster parer	nts.			
I am irreconcilably estranged	from (l	nave no cont	act with) my parer	nt(s)/guardian(s)		
If you are a 'parentally sup parent(s)/guardian(s). If you live with you.								
Name of child		Date of	birth	Schoo	ol/college atter	nding in 2019/2020		
IMPORTANT! Unemployed students who are lone parents with a child under 5 years old on the start date of the course are eligible to claim income support whilst attending College and will be assessed for travel and course expenses only.								
Provide details of any other st		-		g a full-tin	ne further or hi	gher education course.		
Name of student	Da	ate of birth	College	e/universit 2019/	zy attending in 720	Relationship to you		
						9		

SECTION 9 - STUDENT INCOME

9.1 Which best describes your status immediately before starting your course? Tick one box.								
Student Unemployed Employed School Leaver Apprentice								
If unemployed were you on: (<i>Please circle</i>) Jobseekers Allowance/Income Support/Other Benefits/Supported by parent(s); Supported by partner; Living off savings; Universal Credits; Employed full-time or part-time; self employed or retired receiving pension								
9.2 Provide details of all income received prior to the start date of your course and indicate if this income will continue while attending college. NO BOX SHOULD BE LEFT BLANK. Where there is no income write NONE.								
	Weekly amount	Will incor	ne continue?					
a. Employment Income	£	Yes	No					
b. Benefits (complete 9.3 below)	£	Yes	No					
c. Working tax credits	£	Yes	No					
d. Self-employed income (including income from property)	£	Yes	No					
e. Pension income	£	Yes	No 📗					
f. Maintenance payments received/paid	£	Yes	No					
g. Other income	£	Yes	No					
9.3 If you were in receipt of benefits immedicurrently receiving/making a claim for benefits,								
Jobseekers Allowance Inc	ome Support E	mployment & S Allowance						
Larer's Minwance I	ayment (PIP)	Universal	Credit					
DLA: Mobility	DLA: Care	DLA: Mot	ability					
Maternity Allowance Pension Housing Benefit								
Other If 'other' please specify								
IMPORTANT! If you are NOT a school leaver and did not work or claim benefits immediately before starting your course, please give a full explanation in the box below of how you were financially supported (evidence will be required). 10.								

Yes		If 'Yes' go to Section 11. You will <u>not</u> be assessed for EMA and do not have to submit evidence of parent(s)/guardian(s) income.					
No	If 'No' continue to 1	0.2.					
10.2 Provide details of the annual gross income received by the parent(s)/guardian(s) or partner named in Section H during tax year ending 5 April 2019 (this includes the partner of your mother or father if they are living in your household). NO BOX SHOULD BE LEFT BLANK. Where there is no income write NONE.							
		Parent/Guardian/ Partner (1)	Parent/Guardian (2)				
a.	Occupation during 2018-19						
b.	Salaries and wages	£	£				
c.	Benefits	£	£				
d.	Working tax credit	£	£				
e.	Self-employed income (including income from	£	£				
f.	Pension income	£	£				
g.	Maintenance payments received/paid	£	£				
h.	Other income	£	£				
IMPORTANT! - If you did not enter income in ANY of the boxes above, please tell us why in the box below, for example, 'house-person', 'student' or 'unemployed and not eligible for benefits'.							

SECTION 11 - TRAVEL COSTS

If you live more than two miles from your campus we will normally Edinburgh bus ticket.	award you the cost of a First	t
Are you disabled or aged 60 or over and eligible for a Scottish Citizens' National Entitlement Card which allows free bus travel?	Yes No	

SECTION 12 - ADDITIONAL INFORMATION

are requesting further fun	ding.	
	Pleas	e continue on a separate sheet if necessa
TION 13 - DECLARATION		
you sign and date this de	g declaration. We will not be able claration.	e to process this application un
	he details I have given on this form a	
	any further information you may ask immediately if I do not enrol, or with	
I will tell you imn	nediately if my circumstances change	
	eived, or had paid on my behalf. giving false information or withholdir	ng relevant information may result
	of my support and to the recovery of	
I consent to the College d	iscussing details relating to this applic	cation, my
	umstances with my parent(s)/guardia	
Student's signature	x	Date
Student's signature	*	Date
a) Parent/guardian's	signature is required for all students	under 18 years of age.
	signature is required for students age	d 18-24 who have submitted
	n(s) income details. e is required for students who have su	bmitted partner's income details.
I, the undersigned, being	the parent/guardian/partner of the	e above student, accept together
with the student the offer	of a bursary/EMA and the terms and	conditions attached therein.
Parent/guardian/ partner's signature	×	Date
		13

If you feel there is any information which is relevant to your application but which you have not included elsewhere please use the space provided below to detail this, for example a health issue

SECTION 14 - STUDENT BENEFIT CERTIFICATE

If you are/were in receipt o details below and sign Dec Jobcentre Plus for complet Certificate can be sent at a	laration A. ion. Do n	You shoul ot delay si	d then DETAC	H this form and	take it to your local
Name of student			Home address		
Date of birth			_		
NI number				Postcode	
Declaration A: the student	:				
I authorise Jobcentre Plus t Abbey College for the purpo					
Signature of student X				Date	
To be completed by Jobce student during tax year 20				nefits received	by the above named
Benefit type	Da	te	Weekly	Will benefit(s) continue if in full-time	Date benefit(s)
	from:	to:	amount	education?	ceased/will cease
			£		
			£		
			£		
			£		
			£		
Claiming benefit as a lone	e parent?				Yes No No
Has a 'joint claim' with a	partner?				Yes No
Student has not claimed a	ny benefit	from 6 Apri	l 2019 to date.		(√)
Declaration B: Jobcentre	e Plus				
I certify that the benefits 2018-19.	and allowa	nces shown	above were pa	aid to the student	during tax year
Signature					
Contact Name					
Date					Office Stamp

Please return completed certificate to the student or forward it to: Admin Office, Newbattle Abbey College, Newbattle Road, Dalkeith, Midlothian EH22 3LL

SECTION 15 - PARENT/GUARDIAN OR PARTNER'S BENEFIT CERTIFICATE

complete their p	ersona ocal J	ıl deta obcen	ils be tre P	low a	nd si	ign Dec npletio	laration A. T n. Do not d	hey should t	hen	DETACH this form and your application, the
Name of student							Student's date of birth			
Name of claimant							Home address			
Claimant's NI number	Ш									
Relationship to student								Postcoo	le	
Declaration A: the parent/guardian or partner										
I authorise Jobcentre Plus to disclose information regarding my benefits and allowances to Newbattle Abbey College for the purpose of assessing an application for bursary/EMA funding.										
Signature of claimant		×						Date	L	
To be completed claimant during								enefits rece	ived	d by the above named
			Τ	T:	avahl		Di	ate		
Benefit type			Taxable (yes or no)			from:	to:		Weekly amount	
							£			
									£	
									£	
			\perp						£	
Total gross pay from previous employment during 2018-19.									£	
Claiming benefits as a lone parent? Yes No								Yes No		
Has a 'joint claim' with a partner?										
The claimant did not receive any benefit during 2018-19. $()$										
Declaration B: Jobcentre Plus I certify that the benefits and allowances shown above were paid to the claimant during tax year 2018-19.										
Signature										
Contact name										
Date Office Stamp										
Admin C	Office, N						te to the studen Road, Dalkeith,			LL 15

SECTION 16 - ACCOUNT'S CERTIFICATE FOR SELF-EMPLOYED

This form should be completed if you are self-employed (sole trader or partnership), a company director or you receive income from land, property or furnished lettings. The accounting period must end on a date between 6 April 2018 and 5 April 2019. If a question does not apply to you, write "NONE".								
Name of student		Date of birth						
Name of self employed person		Relationship to student						
Date business started		Date business ended (if applicable)						
Accounting period:	from	to						
NET PROFIT BEFORE	TAX		£					
Dividend income			£					
Investment income			£					
Interest income			£					
Salary from directorship or employment								
Taxable profit from la	Taxable profit from land, property and furnished lettings \pounds							
Doctoration At for a								
Deciaration A: for ac	countants (if applicable)							
	countants (if applicable) tails of income given above are	a true record of the figu	res which will be (or have					
I confirm that the de	` ' ' ' ' '	a true record of the figure	res which will be (or have					
I confirm that the debeen) sent to HMRC.	` ' ' ' ' '		ires which will be (or have					
I confirm that the debeen) sent to HMRC. Name of Accountant	` ' ' ' ' '	Signature	ires which will be (or have					
I confirm that the debeen) sent to HMRC. Name of Accountant Company name	` ' ' ' ' '	Signature	ares which will be (or have					
I confirm that the debeen) sent to HMRC. Name of Accountant Company name	` ' ' ' ' '	Signature	Accountant's Stamp					
I confirm that the debeen) sent to HMRC. Name of Accountant Company name Company address	tails of income given above are	Signature						
I confirm that the debeen) sent to HMRC. Name of Accountant Company name Company address Postcode Declaration B: self-educen) sent to HMRC. assessment. I under	tails of income given above are	Signature Date a true record of the figure true Abbey College of	Accountant's Stamp res which will be (or have any changes made to this					
I confirm that the debeen) sent to HMRC. Name of Accountant Company name Company address Postcode Declaration B: self-educen) sent to HMRC. assessment. I under	mployed person ails of income given above are I undertake to inform Newberstand that the Bursary Office	Signature Date a true record of the figure true Abbey College of	Accountant's Stamp res which will be (or have any changes made to this					