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**HIGHER EDUCATION COVID-19 SUPPORT FUND APPLICATION**

The additional funding is to be allocated to those in greatest need as a result of these extraordinary circumstances. This might include, for example, the needs of students facing additional costs arising from having to maintain accommodation in more than one location, to be able to access teaching and related services remotely or to help with loss of employment. The deadline for submission of the Higher Education Covid-19 Support fund is **28 February 2021** to [lowells@leicestercollege.ac.uk](mailto:lowells@leicestercollege.ac.uk)

**Funds will be allocated by 31 March 2021**

**Important:**

**Your application will only be considered if you answer all the appropriate sections and attach copies of**

**all relevant documents.**

**If you experience difficulty in completing the form or are unable to provide the supporting**

**documents required please contact us for advice.**

**Please answer all the questions by completing the appropriate boxes or marking N/A if not applicable**

1. **Personal Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **College ID Number** |  | | | | | | |
| **Full Name** |  | | | | | | |
| **Date of Birth** |  | | | | | | |
| **Term Time Address** |  | | | | | | |
| **Living Arrangements** | **Single** | |  | | **Living with partner/spouse** | |  |
| **Single parent** | |  | | **Living with parents/guardian** | |  |
| **Contact telephone Number** |  | | | | | | |
| **Email Address** |  | | | | | | |
| **Employment status**  **Please provide details of your current situation (e.g. On furlough, been made redundant? )** | **Full-time** |  | | **Part-time** | |  | |

1. **Course Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Course** |  | | | | | |
| **Course Start date** |  | | | | | |
| **Full-Time** |  | | **Part-Time** | |  | |
| **Year of Study** |  | | | | | |
| **Are you receiving Student Finance?** | **Yes** |  | | **No** | |  |
| **If No, how are you paying for your course?** |  | | | | | |
| **Repeat year? If yes, please state reasons** |  | | | | | |

1. **Dependents**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Age** | | **Do they live with you?** |
|  |  |  | |  |
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|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| **Do you need childcare to attend your course?** | **Yes** | | **No** | |

1. **Disability/Health conditions**

|  |  |
| --- | --- |
| **Do you have a disability of long-term medical condition? If yes, please provide brief details** |  |

1. **Supporting statement**

You must submit a supporting statement, explaining your reason(s) for applying and what you would like assistance with. Please explain your financial situation in detail, giving any information in support of your application for funding that you consider to be relevant. It is important you clearly highlight the reasons you are applying for financial assistance.

1. **Bank account details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bank/Building Society** |  | | | | | | | | | | | |
| **Name on account** |  | | | | | | | | | | | |
| **Account number** |  |  |  |  | |  |  |  | |  |  |  |
| **Sort Code** |  | | | |  | | | |  | | | |
| **Any other reference number** |  | | | | | | | | | | | |

1. **Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| **Confidentiality** | Applications to the fund will be seen by the Leicester College Welfare Team and Higher Education team for purposes of administering the fund allocation. | | |
| **Date Protection and GDPR** | I understand that the information provided in this form is necessary for Leicester College to carry out its role in providing higher education and I give my consent to the college to process this data for the purpose of managing my application.  I understand that the information that I provide will be used in accordance with the General Data Protection Regulation (GDPR) and UK Data Protection legislation | | |
| **Declaration** | 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 Institution. | | |
| **Name** |  | | |
| **Signature** |  | Date |  |