

Application for The College of Animal Welfare's Advanced Learner Loan Bursary

Please complete the form below in full and ensure you have attached all copies of required evidence before returning to: **FAO Gemma Wilson, Contracts Manager, The College of Animal Welfare, Headland House, Chord Business Park, Godmanchester, Huntingdon, Cambs, PE29 2BQ.**

Section 1 – Personal Details			
Name		Date of Birth	__ / __ / ____
Address			
Email address		Contact number	
Do you:		<input type="checkbox"/> Live independently <input type="checkbox"/> Live with your parents, carer or guardian <input type="checkbox"/> Live with your partner or spouse <input type="checkbox"/> Other If other, please state:	
Please tick where applicable:		<input type="checkbox"/> No-one in my household is in receipt of benefits <input type="checkbox"/> Employment and support allowance <input type="checkbox"/> Job seekers allowance <input type="checkbox"/> Universal credit <input type="checkbox"/> Other If other, please state:	
What is your monthly net income?		£	
What are your total savings?		£	
EVIDENCE REQUIRED <ul style="list-style-type: none"> A copy of your household's latest Council Tax Bill A copy of your bank statement showing the last 3 months A copy of your savings account statement (if applicable) <ul style="list-style-type: none"> A copy of the main household's bank statement from the last 3 months if this is not you <ul style="list-style-type: none"> Proof of benefit letter/s dated in the last 3 months (if applicable) Copies of the last 3 payslips of all household members (if applicable) 			

Section 2 – Course details			
What course are you/will you be completing?		Level	
Has your Advanced Learner Loan been approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you previously applied to The College of Animal Welfare's bursary fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you have ticked yes, please complete the information below															
<table border="1"> <thead> <tr> <th>Date of application and reason it was requested</th> <th colspan="2">Amount awarded (if applicable)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>£</td> <td><input type="checkbox"/> Application unsuccessful</td> </tr> <tr> <td>2.</td> <td>£</td> <td><input type="checkbox"/> Application unsuccessful</td> </tr> <tr> <td>3.</td> <td>£</td> <td><input type="checkbox"/> Application unsuccessful</td> </tr> <tr> <td>4.</td> <td>£</td> <td><input type="checkbox"/> Application unsuccessful</td> </tr> </tbody> </table>	Date of application and reason it was requested	Amount awarded (if applicable)		1.	£	<input type="checkbox"/> Application unsuccessful	2.	£	<input type="checkbox"/> Application unsuccessful	3.	£	<input type="checkbox"/> Application unsuccessful	4.	£	<input type="checkbox"/> Application unsuccessful	
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Have you made any applications for financial support to other organisations?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you have ticked yes, please complete the information below															
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EVIDENCE REQUIRED If you have been awarded financial support from another organisation, please include a copy of your acceptance letter.																

Section 3 – Bursary funds	
What do you need financial assistance with? <i>Please tick all that are applicable</i>	<input type="checkbox"/> Books and equipment <input type="checkbox"/> Support with domestic emergencies <input type="checkbox"/> Emergency accommodation <input type="checkbox"/> Educational trips <input type="checkbox"/> Exam/registration/professional membership fees <input type="checkbox"/> Equipment/uniform/clothing/books <input type="checkbox"/> Childcare costs <input type="checkbox"/> Travel costs <input type="checkbox"/> Other If other, please specify:
What is the total amount of financial support that you require?	£ <input type="checkbox"/> in total OR <input type="checkbox"/> monthly
Please tell us why you are applying for financial assistance and if any funds were awarded to you, what they would be spent on	

Declaration

I confirm that the information written in this document is correct and understand that if I have falsely declared any information, action for the recovery of funds as well as disciplinary action will be taken against me.

Name of learner:

Signature of learner:

Date:

CAW OFFICE USE ONLY

Application is:	<input type="checkbox"/> Successful	<input type="checkbox"/> Unsuccessful
Amount granted	£	<input type="checkbox"/> in total OR <input type="checkbox"/> monthly
Evidence to be submitted (if successful)		
Reason why application is unsuccessful (if applicable)		
Notes		
Name of CAW representative:		
Signature:		Date: