

## Application for The College of Animal Welfare's 19+ Hardship Fund

Please complete the form below in full and ensure you have attached all copies of required evidence before returning to: **FAO Emily Savage, 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?	£		
<b>EVIDENCE REQUIRED</b> <ul style="list-style-type: none"> <li>A copy of your household's latest Council Tax Bill</li> <li>A copy of your bank statement showing the last 3 months</li> <li>A copy of your savings account statement (if applicable)</li> <li>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"> <li>Proof of benefit letter/s dated in the last 3 months (if applicable)</li> <li>Copies of the last 3 payslips of all household members (if applicable)</li> </ul> </li> </ul>			

Section 2 – Course details			
What course are you/will you be completing?		Level	
Have you previously applied to The College of Animal Welfare's Hardship Fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you have ticked yes, please complete the information below		

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
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
Name of organisation	Amount awarded/to be awarded	
1.	£	<input type="checkbox"/> Application unsuccessful
2.	£	<input type="checkbox"/> Application unsuccessful
3.	£	<input type="checkbox"/> Application unsuccessful
4.	£	<input type="checkbox"/> Application unsuccessful
<b>EVIDENCE REQUIRED</b> <b>If you have been awarded financial support from another organisation, please include a copy of your acceptance letter.</b>		

Section 3 – Hardship Fund	
What do you need financial assistance with? <i>Please tick all that are applicable</i>	<input type="checkbox"/> Living expenses <input type="checkbox"/> Support with domestic emergencies <input type="checkbox"/> Emergency accommodation <input type="checkbox"/> Course fees <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: