



**Royal Borough of Kingston upon Thames  
Learning and Children's Services  
Learner Support Fund**

**Application for Learner Support Fund 2008/2009**

**The student must fill in this form. Please answer all questions in capital letters.**

**PART 1: PERSONAL DETAILS OF PARENT**

Your Title	Mr	Mrs	Miss	Ms
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Parent Surname
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Parent First name/s
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Child's Surname and First Name
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Your address (including post code)
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Your daytime telephone number
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Which Council collects Council Tax for your home address?
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If you have recently moved into or changed address within the Royal Borough of Kingston upon Thames, please provide the following details:  Date you moved to your current address  Previous address (including post code)
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## PART 2: ABOUT YOUR COURSE

Full name, address and postcode of your school

What qualification will you achieve at the end of your course? (for example A levels)

Are you doing a course of repeat study?

What subjects are you studying? (for example History)

When does/did your course begin? (for example September 2008)

When do you expect to finish your course? (for example July 2010)

The 2008/2009 academic year is your

1<sup>st</sup> year                       2<sup>nd</sup> year

Have you applied to any other Local Authority (LA) or any other organisation for financial help with your course? If yes please provide the name and address of the LA or organisation.

## PART 3: FINANCIAL INFORMATION

Is your total household income under £17,000 gross per annum? If yes, please submit copies of P60's or P45's to this office                       Yes                       No

Are you in receipt of Income Support/ Job Seekers Allowance?                       Yes                       No

\*If yes, we will need to see proof of Income Support/Job Seekers Allowance

If you are not in receipt of Income Support/ Job Seekers Allowance, are you being Supported by the National Asylum Seekers Team (NASS)?                       Yes                       No

Are you currently in receipt of an Educational Maintenance Allowance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PART 4: SPECIAL EDUCATIONAL NEEDS

Does your child have a Statement of Special Educational Needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PART 5 DECLARATIONS

Please read the following declaration. We will not process your application for support if you do not sign and date the declaration.

- The information I have given on this form is complete and accurate, to the best of my knowledge and belief.
- I will tell my local authority (LA) immediately if my circumstances change in any way that might affect my entitlement to support.
- I understand that if I give my LA false information, or do not give them complete information, I may be refused financial assistance.
- I agree to supply any further information that my LA may ask for.
- I will tell my LA immediately if, in any year of my course:
  - I am absent due to illness for more than 60 days from the course;
  - I am absent for any other reason;
  - I leave, or am excluded from the course;
  - I repeat part or all of a year of my course
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Your name (printed in capital letters)
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Your signature
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Date
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If you think you may qualify for help from this fund, please fill in the form and send it to:

Commissioning & Procurement  
Learning and Children's Services  
Royal Borough of Kingston upon Thames  
Guildhall 2  
Kingston  
Surrey  
KT1 1EU  
Telephone: 020 8547 5256