

Access to Learning Fund

A non-repayable award scheme that helps eligible students who are experiencing financial difficulties

2024-25 Application Form

Do you need advice on filling in this form? If so, please contact:

firstpoint

Peirson Study and Guidance Centre

Tel: **01905 542551**

Email: firstpoint@worc.ac.uk

or

Student Union Advisers

Tel: **01905 543210**

Email: studentsunion@worc.ac.uk

www.worcsu.com/helpandadvice

Completed application forms and copies of all the supporting evidence should be emailed to: moneyadvice@worc.ac.uk
PAPER COPIES WILL NOT BE ACCEPTED

Applications will take up to four working weeks to process, from the date that the completed application form & ALL supporting evidence is received –

Missing evidence will delay your application

You may book an appointment with a University Money Adviser to discuss your finances or to receive help in completing the form. Appointments can be booked via firstpoint.

Before completing your application, please see the Access to Learning Fund Guidance Notes at:

www2.worc.ac.uk/moneyadvice/access-to-learning-fund.html

Guidance Notes include:

- Frequently Asked Questions
 - About the Fund
 - Help and Advice
 - Eligibility
- Step by Step Guide to completing your Access to Learning Fund Application Form
- Details of Supporting Evidence Required and Evidence Checklist
- Guide to downloading itemised Bank Statements

ALL Supporting Evidence must be submitted with your Application Form – Missing Evidence Will Delay Your Application.

Access to Learning Fund

Academic Year 2024/25

Office Use:

Date of receipt

Date evidence

completed

Section 1: About you (to be completed by all applicants)

Surname	<input type="text"/>	First name	<input type="text"/>
UW Student number	<input type="text"/>	Title (Mrs, Ms, Mr etc.)	<input type="text"/>
Date of birth	<input type="text"/>	Age (on 1 st Sept 2024)	<input type="text"/>
Term-time address	<input type="text"/>		
Home address (if different from term-time)	<input type="text"/>		
Phone	<input type="text"/>	UW email	<input type="text"/> @uni.worc.ac.uk

Section 2: About your course (to be completed by all applicants)

Course title	<input type="text"/>		
Length of course	<input type="text"/> Years	Date course started	<input type="text"/>
Name of UW campus / partner institution attended all or most of the time	<input type="text"/>		
Distance from term-time address to campus / institution attended	<input type="text"/> Miles	Mode of study (✓):	full-time <input type="checkbox"/> part-time <input type="checkbox"/>
If you are a part-time student, how many modules will you complete this academic year?	<input type="text"/>		
Level of study (✓):	Undergraduate <input type="checkbox"/>	Postgraduate <input type="checkbox"/>	PGCE <input type="checkbox"/>
Is this academic year of your studies (tick if applicable):			
Your final year?	<input type="checkbox"/>	A repeat year?	<input type="checkbox"/>
If you are on any placements this year, will they be (✓):	Paid? <input type="checkbox"/>	Unpaid? <input type="checkbox"/>	
Where will the placement(s) be located?	<input type="text"/>		
How many placements will you be on this academic year?	<input type="text"/>		
How long will each placement last?	<input type="text"/>		

Section 3: About your circumstances (to be completed by all applicants)

Do you live (✓):

Alone, or as a lone parent	<input type="checkbox"/>	With parent(s)/ guardian(s)	<input type="checkbox"/>	
With your spouse/ partner/ civil partner etc	<input type="checkbox"/>	In shared accommodation	<input type="checkbox"/>	
In a UW hall of residence	<input type="checkbox"/>	Other (please explain in box opposite)	<input type="checkbox"/>	

Are you a Carer? (✓) (See definition in Guidance Notes -page 10) Yes No

If yes, please tell us more about your caring responsibilities, who you care for and how this affects you financially:

Are you or have you ever been, in Care? (✓) Yes No

If yes, please state when you were in Care: From To

Are you, or have you ever been, homeless? (✓) Yes No

If yes, please state over what period you were homeless: From To

Your Dependants:

Please list below any children who live with you all or most of the time, and are financially dependent on you:

Full name	Date of birth	Age	Relationship to you

Please list below any adults who live with you who are financially dependent on you:

Full name	Date of birth	Age	Relationship to you

Section 4: Student Residence Status (to be completed by all applicants)

Have you been living in the UK 3 years prior to the start of your course (✓): Yes No

(Not including any time spent in the UK wholly or mainly for the purpose of receiving full time education)

Please tick one box only:

I am a UK national

I am an EU national

I am a refugee or have been granted exceptional leave to remain in the UK

I am an EEA / Swiss worker and I intend to continue working whilst studying

I am the spouse of an EEA or Swiss Migrant Worker

I am the child of an EEA Migrant Worker, Swiss national/employed person or Turkish worker

I am none of the above, my nationality is

Section 5 – About your needs (to be completed by all applicants)

Do you have a disability or medical condition (✓): Yes No

If yes, please give details:

If you are a Home Student, have you applied for a Disabled Student Allowance (DSA)? (✓):

Yes No

Do you wish to apply for any financial assistance towards any diagnostic test, special support or equipment / material not covered by DSA? :

Yes No

If yes, please give details:

Not including students wanting a diagnostic test for dyslexia – see page 11 of Guidance Notes.

Section 6: About your household income (to be completed by all applicants)

Please tick all the income that applies to you and your partner (who lives with you) – you will be required to supply evidence of this income – see page 12 of Guidance Notes.

Please tick all boxes applicable ✓

Student Income

	You	Your Partner
Maintenance Loan	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Grant/Special Support Grant (Full time students)	<input type="checkbox"/>	<input type="checkbox"/>
Parents Learning Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Adult Dependents Grant	<input type="checkbox"/>	<input type="checkbox"/>
Childcare Grant	<input type="checkbox"/>	<input type="checkbox"/>
NHS Learning Support Fund or Social Work Bursary	<input type="checkbox"/>	<input type="checkbox"/>
Postgraduate (PGCE) Teacher Training Bursary	<input type="checkbox"/>	<input type="checkbox"/>
Postgraduate Loan from Student Finance	<input type="checkbox"/>	<input type="checkbox"/>
Other Award/Scholarship or help from Educational Charity	<input type="checkbox"/>	<input type="checkbox"/>
Additional support from Home Country (if EU Student)	<input type="checkbox"/>	<input type="checkbox"/>

State Benefits

	You	Your Partner
Carer's Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Housing Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Child Tax Credit & Working Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>
Government Tax Free Childcare / Childcare Vouchers	<input type="checkbox"/>	<input type="checkbox"/>
Income Support / JSA / ESA (delete as appropriate)	<input type="checkbox"/>	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>	<input type="checkbox"/>
Council Tax Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Disability Benefit (e.g. PIP, DLA)	<input type="checkbox"/>	<input type="checkbox"/>

Please specify which Disability Benefit received (if applicable):

Employment & other income – please include figures

	You	Please tick ✓		Your Partner	Please tick ✓	
		Per week	Per month		Per week	Per month
Net earnings from employment	£			£		
Parental / Family / Friend contribution	£			£		
Child / Spousal Maintenance	£			£		
Other e.g. savings, interest etc.	£			£		

If completed figure against "Other", please specify:

Section 7: About your expenditure (to be completed by all applicants)

Your household expenditure

Please complete costs of expenditure listed below that applies to you and your partner if they live with you and costs relating to any dependants who live with you – you will be required to supply evidence of this expenditure – see page 14 of Guidance Notes.

	Amount (£)	Please tick ✓	
		Weekly	Monthly
Rent / Mortgage	£		
Council Tax (if applicable)	£		
Registered Childcare (including after-school care)	£		
Unregistered / Informal Childcare	£		
Travel Costs	£		
Child Maintenance Payments	£		
Healthcare Costs ie. Prescription Costs / Travel Costs to Medical Appointments	£		
Other	£		
Please specify description in box below - NOT to include general living expenses e.g. food, bills or course related costs (books, equipment)			

Bank / Building Society details

Please list Bank / Building Society account information for **all** of your (and your partner's, if they live with you) UK and overseas accounts, this includes Main Current Accounts, Student Accounts, Savings Accounts, ISAs, Building Society Accounts, PayPal accounts, etc. See pages 22-24 of Guidance Notes.

Name of Bank / Building Society	Title of account e.g. current account, savings account	Last 4 digits of account number	Maximum overdraft facility	For Office Use
			£	
			£	
			£	
			£	
			£	
			£	
			£	
			£	
			£	

Section 7 continued

Outstanding Debts

Please list any debts that **you or your spouse / partner** have and any repayment arrangements set up with creditors. **You must provide proof of any regular debt repayments that you would like considered as part of your application.** See page 17 of Guidance Notes.

Name of person / company owed (creditor)	Type of debt (e.g. utility, credit card, rent, money owed to family or friends)	Total owed	Repayment arrangements Please state amount per week or month (if no arrangement in place please state)	Please tick if you have a fixed payment plan in place and are no longer using as a source of credit. ✓
		£		
		£		
		£		
		£		
		£		
		£		
		£		
		£		
		£		
		£		
		£		
		£		
		£		

Continue on separate sheet if required

If you have been assessed as a **dependent** Home student and had your award limited due to household income, is there a specific reason why your parent(s) are unable to support you to the extent that the Student Finance has assumed? (✓)

Yes No If "Yes", please tell us about your and your parent(s) circumstances:

Section 8: Your Supporting Statement (To be completed by all applicants)

Please tell us why you are applying for financial help. Please see page 18 of Guidance Notes.

A large empty rectangular box with a thin black border, intended for the applicant to write their supporting statement.

Please continue overleaf or on a separate sheet as necessary

Please continue on a separate sheet as necessary

Section 9 – Bank / Building Society details

IMPORTANT

- If you are awarded money from the Access to Learning Fund, the award will be paid into your bank / building society account detailed on your SOLE page. **IF YOUR BANK DETAILS ARE INCORRECT OR MISSING, THEN PAYMENT MAY BE DELAYED.**
- Before submitting your application, please check and ensure that your bank account details are correct on SOLE, and up-date if necessary.
- Please note, funds can only be paid into a UK bank / building society account.

Please complete:

I have checked my bank account details on SOLE, and confirm that this is the account where I wish any monies awarded to me paid.

Signature
(Type Full
Name)

Date

IMPORTANT – PLEASE READ:

University of Worcester Money Advice Privacy Notice

We are requesting this information from you in order to process your application for help from the Access to Learning Fund. We may also use the anonymised statistics to produce reports on the Fund and identify student need.

Applications are only seen by staff involved in the assessment and authorisation of applications. The University's Finance Office staff see student names, numbers and bank details to enable them to make payments and it may sometimes be necessary to seek information from other University Departments such as Registry Records using your name and student number.

Please note that the University of Worcester is the Data Controller and details of how we process and retain your data including how long we retain it and your rights are detailed on:

<https://www.worcester.ac.uk/informationassurance/student-privacy-notice.html>

The processing of this data is dependent upon your explicit consent (*Article 9(2)(a)*).

Please complete:

I consent to my personal information being processed in accordance with the purpose identified on this data collection form.

Section 10 – Declaration

You **must sign** the declaration in order for the application to be valid.

By signing you are confirming that:

1. You are a student at the University of Worcester and pay tuition fees directly to the University of Worcester.
2. You understand that giving false information or misleading through the omission of information may lead to rejection of your application and / or steps being taken to recover any payment made to you.
3. You declare that the information that you have given on this form is correct and complete to the best of your knowledge.

Signature:
(type full
name)

Date: