

ST FRANCIS XAVIER SIXTH FORM COLLEGE

APPLICATION FORM FOR ENHANCED BURSARY- 2020-2021

Date: _____

Only fully completed applications will be processed

STUDENT CONSENT

By signing this I give my consent to SFX to share the information on this form and any documentary evidence I include with the application with Wandsworth Eligibility Checking Service, and, thereby, any government database it may use, as well as the Education and Skiills Funding Agency:

Student Signature: _____

SECTION 1

STUDENT'S DETAILS

STUDENT NUMBER:	300		TUTOR GROUP:
SURNAME:			FORENAME:
Please tick:	MALE	FEMALE	DATE OF BIRTH :
Home Address:			Age on 1st Sep. 2020
			Year 1 Year 2 Year 3
Postcode:			Home Tel:
Borough of Residence	:		Mobile:
National Insurance No):		Email:

SECTION 2 GUARDIAN/CARER/KEY WORKER DETAILS (to be completed by your guardian/carer/key worker)

ADULT	Mr 🗖	Mrs 🗖	Ms 🗖	Miss 🗖
Full Name:				
Home Address:				
	Postcode:			
Landline and Mobile:				
Email:				
Relationship to stude	nt:			

For SFX use only

SECTION	I 3 DOCUMENTARY EVIDENCE				
Please provide official documentary evidence of your eligibility for a Bursary:					
	Income support/universal credit letter and tenancy agreements for independent students				
	Letter of confirmation from Social Services for students in care/care leavers.				
Please scan your completed application form and all documentary evidence and send them to: <u>bursary@sfx.ac.uk</u>					

STUDENT/GUARDIAN/KEYWORKER DECLARATION

It is a serious offence to give false information. We have a duty to protect the public funds we control. We may use the information you have provided on this form to prevent and detect fraud. We will also share this information with other organisations which control public funds.
I agree that the information I have provided on this form will be submitted to the Education and Skills Funding Agency as well as the Department for Work & Pensions (DWP) via Wandsworth Council's Eligibility Checking Service to process my claim for a bursary/Free College Meals. I agree that you will also contact other sources as allowed by law to verify my initial, and ongoing, entitlement.
Any false information given to the College will lead to my immediate exclusion (which may be permanent) and an obligation to repay any funds received fraudulently.
Please tick box to say you agree: Yes No C *I confirm that the information given on this form is true and correct.*Student Signature: ______ Date: ______

If your circumstances change during the year you must inform the Bursary Department at SFX in writing.

Data Privacy Notice:

In order to operate and to fulfil our legal obligation, SFX, (the Data Controller), needs to collect and use certain types of information about people, the data subject, with whom it deals. This personal information will be dealt with properly however it is collected, recorded and used. All information containing personal data is protected against unauthorised access, accidental loss or destruction, and unintended modification to disclosure. SFX fully complies with the principles of the General Data Protection Regulation (GDPR). By completing and submitting this form you consent to SFX holding your information for the purpose stated in the Privacy Notice for Students available on the College website. For more information regarding data protection please contact the DPO at dpo@sfx.ac.uk

The information being collected may be used for the prevention and detection of fraud and crime and we may, under the Regulation, not require your consent to do so. We may also share or be required to share relevant information with other public sector bodies and government agencies, such as the ESFA, the Department for Work and Pensions and HM Revenue and Customs.

Submit your completed application form with all supporting original documentary evidence to <u>bursary@sfx.ac.uk</u>