

FOR OFFICE USE ONLY

**Declaration for Care Leavers
Apprenticeship £1000 Bursary
2018-2019**

Student ID	
Date Received	
Course Code	

Eligibility Criteria

- ◆ You're a care leaver enrolled onto an Apprenticeship programme with Shrewsbury Colleges Group
- ◆ You're aged between 16-24
- ◆ You have not received the Care Leavers Bursary in the past.

1. PERSONAL DETAILS

FORENAME

SURNAME

STUDENT ID

TELEPHONE

MOBILE

EMAIL

HOME ADDRESS

General information

1. PLEASE STATE YOUR CHOSEN APPRENTICESHIP PROGRAMME.

2. ARE YOU A CARE LEAVER? (Please circle)

Yes No

3. HAVE YOU RECEIVED THE CARE LEAVERS APPRENTICESHIP BURSARY IN THE PAST? (Please circle)

Yes No

Declaration

By signing this form :

You confirm that the information given is, to the best of your knowledge, correct and true.

You consent to Shrewsbury Colleges Group informing your employer that you have been in care.

You understand that once you have received payment, the College will need to see evidence (such as a bank statement).

PRINT (Student)	SIGN (Student)	Date