

Education and Social Care

The Moray Council, Council Offices, High Street, Elgin, IV30 1BX

Telephone: 01343 563374

 $\textbf{Email:} \ \underline{\textbf{education} and \textbf{social} care @ \textbf{moray.gov.uk}}$

www.moray.gov.uk

| OFFICE USE ONLY | | Moray & Nairn Educational Trus | | |
|-------------------|--|---|--|--|
| Received | | Application for a Trust Grant PLEASE USE BLOCK CAPITALS | | |
| Acknowledged | | FLEASE USE BLOCK CAPITALS | | |
| Initial Reference | | | | |

SECTION A - APPLICANT'S PERSONAL DETAILS

| Full Name of Applicant | |
|---------------------------------|---|
| (including title) | |
| (| |
| Date of Birth (dd/mm/yy) | |
| Date of Birtir (dd/ffilli/yy) | |
| Marital Otation /dalata an | Manusia d/Osa ata /Disa asa ad/Mista asa d/Osa a asa (ad/Os |
| Marital Status (delete as | Married/Single/Divorced/Widowed/Separated/Co- |
| appropriate) | habiting/Other (please state) |
| Address (including postcode) | |
| | |
| | |
| | |
| Home Telephone Number | |
| Tiome receptione reamber | |
| Mahila Talanhana Numbar | |
| Mobile Telephone Number | |
| | |
| E-mail Address | |
| | |
| Preferred Method of Contact | Letter/E-mail – please let us know how you would prefer |
| (delete as appropriate) | we contact you |
| How long have you been resident | |
| in the United Kingdom | |
| | |
| How long have you been resident | |
| at the above address | |
| Lone Parent Household (delete | Yes / No |
| as appropriate) | |

SECTION B - YOUR FAMILY DETAILS

| Who do you live with (please tick all that apply) | |
|---|--|
| Mother | |
| Father | |
| Mothers Partner | |
| Fathers Partner | |
| Applicant's Partner | |
| Grandparent(s) | |
| Foster Parent(s) | |
| In Care | |
| On my Own | |
| Other (please specify - e.g. aunt, brother) | |

Please return this completed form to: Education & Social Care, The Moray Council, Council Offices, High Street, Elgin, IV30 1BX

*The term 'Parent' as it appears, can refer to your mother, father, carer, step-parent or parent's partner who lives in your home **The term 'Partner' can refer to your spouse, civil partner or live-in partner *Parent 1 *Parent 2 **Partner Full Name (including title) Permanent Address (including postcode) Relationship to applicant Occupation(s) held during the current tax year Marital Status **Daytime Contact Number** SECTION C - INFORMATION ON YOUR PROGRAMME OF STUDY

| | DIVITORY ROOKAWINE OF STODE |
|--------------------------------------|-----------------------------|
| Name of educational | |
| establishment you propose to | |
| attend, or are currently attending | |
| Title of Course | |
| | |
| | |
| What qualifications will you gain | |
| on completion of the course | |
| | |
| Is the course full-time or part-time | |
| | |
| | |
| How long does the above course | |
| last (in years) | |
| | |
| Which stage of the course does | |
| your application refer to, for | |
| example, 1 st year | |
| Discounting the start and finish | |
| Please give the start and finish | |
| dates for the session to which our | |
| application applies | |
| What profession or vocation has | |
| the applicant in view | |
| State the amount of fees relating | Entrance Fee |
| to course of study | Examination Fees |
| to course or study | |
| State east of page and healts | Other Fees (please specify |
| State cost of necessary books, | |
| instruments and special clothing, | |
| etc required (give details) | |
| | |

SECTION D - INFORMATION ON RESIDENCE AND TRAVEL

| Please state your proposed place of residence during the session to which this application applies | Parental Home Own Home | |
|--|------------------------|----------|
| (delete as appropriate) | | |
| | College Hostel | |
| | Lodgings | |
| | Halls of Residence | |
| Please give the weekly | £ | per week |
| accommodation cost | | |
| Please give the weekly travel | From | То |
| cost to college | | |
| | £ | per week |

SECTION E – YOUR PREVIOUS STUDIES/EMPLOYMENT

| Name of secondary school you last attended | |
|--|--|
| When did you or when are you to | |
| leave this secondary school | |

| Name of Establishment | From | То | Title of Course | Full/Part Time | Qualification Gained | Course Completed |
|--------------------------|------|----|-----------------|-------------------|-------------------------|---------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Please give details of any Bursaries, Student's Allowances, TOPS, Grants, etc held by the applicant now or in the past | Awarding Body | Annual Value | Duration | Start Date |
|--|---------------|-----------------|----------|---------------|
| If you have applied for a Bursary/ Student Grant for the course to which this application refers, please give full details of the outcome of any such application. | | | | |
| Have you ever been refused a Bursary or Grant in the past (delete as appropriate) | | Yes / No | | |
| If Yes, please give details of why you were refused, contact on a separate sheet if necessary | | | | |
| Are you being sponsored for the course you wish to take | | Yes / No | | |
| If Yes, please give details of your sponsorship, continue on a separate sheet if necessary | | | | |

| Please give full details of any employment including Government Training for Work, etc. You shou Continue on a separate sheet if n | nt Training Schemes such as YT Id give full dates of such periods | S/TOPS/E | T/ |
|---|--|---|--------------------------------|
| Employer and place of employment | Post Held | From | То |
| епроупен | | | |
| | | | |
| | | | |
| | | | |
| SECTION F – APPLICANT'S INC | | | |
| This section refers to income which studies. This includes income from etc. Please enter the gross income whether this amount is weekly, mevidence for each source of incomes lip. Continue on a separate she | om employment, alimony, maintenne, which is the amount of income onthly or annual and provide do me, for example a Tax Credit Aw | enance, ber ne before to cumentary vard Note o | nefits, ax. State or pay |
| Source of Income | | Gross Am | nount |
| | | | |
| | | | |
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SECTION G - EQUAL OPPORTUNITIES MONITORING

Please complete the enclosed Equal Opportunities Form and send it in a separate envelope marked PRIVATE & CONFIDENTIAL to Education and Social Care, The Moray Council, Council Offices, High Street, Elgin, IV30 1BX

SECTION H – PARENTAL INCOME OR PARTNER'S INCOME

If you do not fulfil the criteria to be a self-supporting student, this section should be filled in by either your parents OR by your spouse if you are married.

Please give details of total income from all sources of your parent(s) or spouse for the previous tax year (i.e. the year which ended 5 April last). Documentary evidence is required to support any income quoted.

| quoted. | | | |
|---|----------|----------|---------|
| | Parent 1 | Parent 2 | Partner |
| Please give name of your mother and father, spouse or civil partner and their type of employment | | | |
| Give details of employment, trade, business, profession or state unemployed. | | | |
| Income from Working Tax Credits, Child Tax Credits or Pension Credits (Please enclose your most recent Tax Credit Award Notice) | | | |
| Employment – This should be the total earned income for the year to 5 April last, from salary, wages, commission, bonus, overtime, value of rent-free house, fuel, etc. (Please enclose P60). | | | |
| Self-Employment – The profit for the year ending 5 April last or last completed trading year falling within that period. (Please enclose an Accountant's statement form SA302 from HM Revenue & Customs) | | | |
| Pensions – Give details of pensions which are liable to tax (i.e. State, Private, Forces, Widow's, etc). please provide documentary evidence. Source of the above pension | | | |
| | | | |
| Social Security/Unemployment Benefits, etc – If income for the previous tax year (or part of that year) was derived from Benefit (i.e. Jobseekers Allowance, Income Support) please complete the enclosed benefits form and send it to the Department of Works & Pensions in Glasgow. | | | |
| Alimony or maintenance payments – If you, the parent, are divorced or separated and your income (or part of your income) for the previous tax year was derived from maintenance payments, you should state amount paid to you. Please provide documentary evidence. | | | |
| Income from any other source – State source and enclose documentary evidence | | | |
| | | | |

TOTAL GROSS ANNUAL INCOME

SECTION I – DEPENDENT CHILDREN LIVING WITH APPLICANT OR APPLICANT'S PARENT(S)

Please give details of each child (other than the applicant) who is/are dependent on the parent(s) or of children of the applicant.

If any other dependent is to be a full-time student for the period to which this application refers, and if an application has been made for the award of an Education Maintenance Allowance from the College or a Student's Allowance from the Students Award Agency.

| Name of Child | Date of Birth | School/College child is attending or going to attend | Has application for a Grant been made? If so, to whom? |
|---------------|------------------|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

| ANY OTHER RELEVANT INFORMATION – You may use this space to provide any further details which you feel may be helpful to use. Please continue on a separate page if necessary. |
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Please ensure that all appropriate documents for proof of income have been included, for example Tax Credit Award Notes, P60s. Failure to send in the relevant documents will delay the processing of your application.

DECLARATION BY APPLICANT

I declare that, to the best of my knowledge and belief, the statements I have made are full and correct in every respect and that no information relating to my circumstances has been withheld. I also declare that, if a bursary is awarded, I shall undertake to inform the Education Authority immediately of any change in financial or other circumstances which might affect the value of any Bursary awarded.

Should the amount of the Bursary be revised for any reason, I undertake to refund any amount received by me in excess of the revised amount. I understand that the giving of false information, withholding or relevant information or failure to comply with the conditions of award may lead to the termination of any Bursary and to the recovery of any amounts paid by the Education Authority.

| with the conditions of award may lead to the termination of any Bursary and to the recovery of any amounts paid by the Education Authority. |
|---|
| Signed:Date: |
| DECLARATION OF PARENT (This declaration need not be completed by the parent/carer of an applicant who qualifies as a self-supporting student – see Section B) |
| I declare that, to the best of my knowledge, all the information which I have given in connection with this application is full and correct in every respect. I undertake to supply any additional information which may be required by the Education Authority, to verify the particulars given and also to inform the Authority immediately of any alteration in these particulars. |
| I understand the giving of false information or withholding of relevant information may lead to the termination of any Bursary awarded and to the recovery of any amounts paid by the Education Authority. |
| Signed: Date: |

DATA PROTECTION ACT

(Signature of Parent/Carer)

The council is under obligation to manage public funds properly. Accordingly, the information that you provide will be used to ensure that all sums of money due to the council are paid timeously, eg by identifying person who are non payers of council tax and to improve on the uptake of benefits.

The information may also be used to prevent and detect fraud. It is also possible that this information may be shared for the same purposes with public bodies, including neighbouring councils or other organisations, which handle public funds.

If you need information from the Moray Council in a different format, such as Braille, audio tape or large print, please contact:

如果閣下需要摩里議會用你認識的語言向你提供議會資訊的話,請要求一位會說英語的朋友或親人與議會聯繫

Jeżeli chcieliby Państwo otrzymać informacje od samorządu rejonu Moray w swoim języku ojczystym, Państwa przyjaciel lub znajomy, który mówi dobrze po angielsku, może do nas

Se necessita de informação, do Concelho de Moray, traduzida para a sua língua, peça o favor a um amigo ou parente que fale Inglês para contactar através do:

Jeigu Jums reikalinga informacija iš Moray regiono Savivaldybės [Moray Council], kurią norėtumėte gauti savo gimtąja kalba, paprašykite angliškai kalbančių draugų arba giminaičių susisiekti su mumis

Чтобы получить информацию из Совета Морэй на Вашем языке, попросите, пожалуйста, Вашего друга или родственника, говорящих по английски, запросить ее

Si necesitas recibir información del Ayuntamiento de Moray en tu idioma. Por favor pide a un amigo o familiar que hable inglés que:



Education & Social Care, The Moray Council, Council Offices, High Street, Elgin, IV30 1BX



01343 563374



educationandsocialcare@moray.gov.uk



(Wednesday or Thursday only): 18002 01343563319



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| Educational | Trust App | plications – | Equal O | pportunities Form |
|-------------|-----------|--------------|---------|-------------------|
| | | | | |

| Ethnic Background (please tick one category | ory) | | | | |
|---|------------------------|---------------|---------|--|--|
| White Scottish | | | | | |
| White – Irish White – Other British | | | | | |
| White – Polish | | | | | |
| White – Other | | | | | |
| White - Gypsy/Traveller | | | | | |
| African – African/British/Scottish | | | | | |
| African – Other | | | | | |
| Asian – Bangladeshi/British/Scottish | | | | | |
| Asian – Chinese/British/Scottish | | | | | |
| Asian – Indian/British/Scottish | | | | | |
| Asian – Pakistani/British/Scottish | | | | | |
| Asian – Other | | | | | |
| Caribbean or Black - Caribbean/British/So | cottish | | | | |
| Caribbean or Black - Other | | | | | |
| Mixed or multiple ethnic groups | | | | | |
| Other – Arab | | | | | |
| Other – Other | | | | | |
| Not Disclosed | | | | | |
| Not Known | | | | | |
| Other (please state) | | | | | |
| | | | | | |
| Gender (please tick one box) | Male | Female | | | |
| Disability (please tick one box) | Disabled | Not Disabled | l | | |
| Asylum Seekers & Refugees | Asylum Seeker | Refugee | | | |
| Date of Birth (dd/mm/yy) | | | | | |
| | | | | | |
| Marital Status (please tick one box) | | | | | |
| Married Single Divorced | Widowed Separa | ated Cohal | oiting | | |
| | | | | | |
| Sexual Orientation (please tick one box) | | | | | |
| Heterosexual Lesbian Bisexual Gay Transgender | | | | | |
| | | | | | |
| Religion (please tick one box) | | | | | |
| None | | | | | |
| Christian | | | | | |
| Buddhist | | | | | |
| Hindu | | | | | |
| Muslin | | | | | |
| Sikh | | | | | |
| Jewish Other (Please state) | | | | | |
| Other (Please state) | on in a concrete entre | one marked "F | Drivota | | |
| Please return this form with your application in a separate envelope marked "Prive Confidential" to: Education & Social Care. The Moray Council. Council Offices. | | | | | |
| & Confidential" to: Education & Social Care, The Moray Council, Council Offices, | | | | | |

Ambitious to Achieve Excellence Together