



BANFFSHIRE EDUCATIONAL TRUST EDUCATIONAL TRAVEL GRANT APPLICATION FORM

This form is to apply for a Trust grant under sections 30 or 31 of the Trust scheme:
Section 30 – Grant to an individual to enable them to travel for any purpose of an educational nature
Section 31 – Grant to an individual young person (school age) to enable participation in organised educational trips

Write in BLOCK CAPITALS using black or blue pen.

SECTION A: STUDENT DETAILS

Full name of student: _____

Full name of parent/carer: _____

Address: _____

Postcode: _____

Parent/Carer Email: _____

Name of school or college: _____ Student date of birth: _____

How long have you been resident at the above address? _____

How long have you been resident in the Banffshire area? _____

SECTION B: TRAVEL DETAILS

Place young person is travelling to: _____

Travel dates: From: _____ To: _____

Reason for travel:
(including educational purpose for travel) _____

Cost of participation: £ _____ *Please include a copy of the letter confirming the cost of the trip*

Note: Attendance on organised educational trips will be confirmed with schools/education centres.

Please turn to page 2

OFFICIAL USE ONLY

Date application received:	1st check:	Date of acknowledgement letter:
		Date of outcome letter:
	2nd check:	Financial year:
		Reference number:

SECTION C: PARENT /CARER DETAILS AND HOUSEHOLD INCOME*

* The term 'Parent' or 'Carer' refers to the young person's mother, father, carer, step-parent or parent's partner who lives in the same address detailed in Section A of this form.

If the young person detailed in Section A of this form lives on their own, then the young person should include their own income below instead of the income of the parent / carer.

Parent / Carer 1

Parent / Carer 2

Name (including title): _____

Relationship to young person:
(e.g. parent, step-parent) _____

Marital status: _____

Daytime telephone number: _____

Are you in receipt of Housing Benefit or Council Tax Reduction from the Moray Council? Yes No

If **yes**, do you consent to share the income, savings and household information that was used to assess your entitlement to Housing Benefit and/or Council Tax Reduction being used for the purposes of processing the application? Yes No

If yes, please sign and date the Declaration at Section D

If you have answered **no** above, you need to provide income evidence information -

Parent / Carer 1

Parent / Carer 2

Occupation: _____

Annual employment income:
(please enclose P60) £ _____

Annual self employment income:
(please enclose tax return form) £ _____

Annual income from Child Tax Credits, Working Tax Credits or Pension Credits:
(please enclose your most recent Final Tax Credits Awards Notice) £ _____

Annual income from pensions which are liable to tax – state, private, armed forces, widow's pension, etc:
(please provide documentary evidence) £ _____

Annual income from social security or unemployment benefits – income support, job seekers allowance, etc
(please enclose your most recent P60U or letter from Department of Work & Pensions,) £ _____

Annual income from alimony or maintenance payments
(please provide evidence) £ _____

Annual income from any other source:
(please provide evidence) £ _____

Total gross annual income: £ _____

Lone parent household?
(if yes, please provide proof – for example, a Council Tax Notice showing single adult household discount)

SECTION D: DECLARATION BY APPLICANT

I declare that, to the best of my knowledge, all of the information I have given in this application is full and correct in every respect. I undertake to supply any additional evidence which may be required by the Education Authority to verify the information given, and also to inform the Authority immediately of any change in financial or other circumstances which might affect the value of any Grant awarded.

Should the amount of the Grant 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 of relevant information or failure to comply with the conditions of award may lead to the termination of any Grant and to the recovery of any amounts paid by the Education Authority.

Signature of applicant: _____ Date: _____

SECTION E: PAYMENT OF AWARD

The closing date for applications is 30th September each year. If your application is received after this date it will be held until the following year. The trustees will meet to discuss the allocation of funds and any award will be paid out by 31st January.

Attendance for the trip will be confirmed with the school. If any money is owed to the school then the award will be paid to the school and the school will then be responsible for refunding any instalments already paid. If the school trip has been fully paid the trustees will pay the award directly into the bank account of the parent/carer of the applicant. Please enter bank details in the section below.

SECTION F: EQUAL OPPORTUNITIES MONITORING

Please complete the enclosed Equal Opportunities Form, place it in a separate envelope marked PRIVATE & CONFIDENTIAL, and send it with your application form.

DATA PROTECTION ACT

Information on pupils and parents/carers is stored securely on a computer system. The information gathered is subject to the terms of the Data Protection Act 1998. The Data Protection Act ensures that information is collected fairly and lawfully, is accurate, adequate, up to date, not held for longer than necessary, and may only be disclosed in accordance with the Codes of Practice.

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, for example, 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.

Please send your completed application form to:

Education, Moray Council, High Street, Elgin, IV30 1BX

If you have any queries please contact Education at the address above, or telephone 01343 563374, or email education@moray.gov.uk

Please ensure that all documents for proof of income have been included. Failure to send in the relevant documents will delay the processing of your application.

Privacy Notice



The Data Controller of the information being collected is Moray Council.

For any queries or concerns about how your personal data is being processed you can contact the Data Protection Officer at info@moray.gov.uk or 01343 562633. You can also consult the information available at the Information Commissioner's websites, ico.org.uk

This privacy statement relates to the following process:

Educational Trust Applications

Your information is being collected to use for the following purposes:

To determine eligibility and award/reject grant

The legal basis/bases for collecting the information is:

- The data subject (i.e. you) has given consent to the processing.

Your information will be shared with the following recipients or categories of recipient:

Moray Council payments department.

The personal data being used for this process includes:

Name, address, income evidence

Your data will be held by Moray Council for a pre-determined length of time. You can find all the information about how long we retain data for on our website:

http://www.moray.gov.uk/moray_standard/page_92820.html

Please note that you have the following rights:

- to lodge a complaint with the Information Commissioner's Office
- to request access to your personal data
- to request rectification or erasure of your personal data, as so far as the legislation permits
- to request restriction of processing of your personal data (that is, to request that we halt any activity performed on your personal data), as so far as the legislation permits
- to object to any direct marketing
- to object to any processing undertaken for the purposes of scientific/historical research and statistics, as so far as the legislation permits
- to withdraw consent at any time



EDUCATIONAL TRUST APPLICATIONS EQUAL OPPORTUNITIES FORM

Please complete this form, place it in a separate envelope marked PRIVATE & CONFIDENTIAL, and send it with your application form.
Equal Opportunities forms are separated from Trust application forms and are used for statistical purposes only.

Date of birth

Ethnic Origin (please tick one category)	
White – Scottish	<input type="checkbox"/>
White – Other British	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>
White – Polish	<input type="checkbox"/>
White – Other	<input type="checkbox"/>
White – Gypsy/Traveller	<input type="checkbox"/>
African – African/Scottish/British	<input type="checkbox"/>
African – Other	<input type="checkbox"/>
Caribbean or Black – Caribbean/British/Scottish	<input type="checkbox"/>
Caribbean or Black – Other	<input type="checkbox"/>
Asian – Indian/British/Scottish	<input type="checkbox"/>
Asian – Pakistani/British/Scottish	<input type="checkbox"/>
Asian – Bangladeshi/British/Scottish	<input type="checkbox"/>
Asian – Chinese/British/Scottish	<input type="checkbox"/>
Asian – Other	<input type="checkbox"/>
Mixed or multiple ethnic groups	<input type="checkbox"/>
Other – Arab	<input type="checkbox"/>
Other – Other	<input type="checkbox"/>
Not Disclosed	<input type="checkbox"/>
Not Known	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

Religion (please tick one category)	
Buddhist	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Other Religion	<input type="checkbox"/>
No Religion	<input type="checkbox"/>

Gender (please tick one)	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Disability (please tick one)	
Disabled	<input type="checkbox"/>
Not Disabled	<input type="checkbox"/>

Marital Status (please tick one box)	
Married	<input type="checkbox"/>
Single	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Widowed	<input type="checkbox"/>
Separated	<input type="checkbox"/>
Cohabiting	<input type="checkbox"/>

Sexual Orientation (please tick one box)	
Heterosexual	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Gay	<input type="checkbox"/>
Transgender	<input type="checkbox"/>

The term trans is used to describe people whose gender identity is not the same as their sex registered at birth.	
Do you consider yourself to be trans or have a trans history? (over 16s only)	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Pupil Asylum Status (please tick where appropriate)	
Asylum Seeker	<input type="checkbox"/>
Refugee	<input type="checkbox"/>