|  |  |
| --- | --- |
| Date received |  |
| *For office use only* |



|  |
| --- |
| **Application to the Access to Learning Fund****2023/24** |

|  |
| --- |
| **IMPORTANT INFORMATION FOR ALL APPLICANTS****Please read the accompanying guidance notes before completing this application form****Applications will be accepted throughout academic year 2023/24 until the Fund is exhausted.****The Fund is limited so students are encouraged to apply as early as possible.****Please ensure that this form is fully completed and that scanned copies of all relevant supporting documents are attached. Incomplete applications or those missing the required documentary evidence cannot be accepted. Details of the evidence required can be found in the guidance notes.** |

|  |
| --- |
| **Section 1 – Your personal details** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| St George’s student number (7 digits) |  |  |
|  |  |  |
| Title (Miss/Ms/Mrs/Mr/Mx etc.) |  |  |
|  |  |  |
| First name(s) (in full) |  |  |
|  |  |  |
| Surname (in full) |  |  |
|  |  |  |
| Date of birth (DD/MM/YYYY) |  |  |
|  |  |  |
| Age (in years) on 01/09/2023 |  |  |
|  |  |  |
| Correspondence address and postcode |  |  |
|  |  |  |
| Contact telephone number |  |  |
|  |  |  |
| University email address |  |  |
|  |  |  |

|  |
| --- |
| **Section 2 – Your course details** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Course title |  |  |
|  |  |  |
| Level of study |  | Undergraduate |  | Postgraduate |  |
|  |  |  |
| Mode of study |  | Full time |  | Part time |  |
|  |  |  |
| Start date of course (MM/YYYY) |  |  |
|  |  |  |
| Year of study in 2023/24 (e.g. 1, 2, 3, T, P, F) |  |  |
|  |  |  |
| Are you repeating in 2023/24? |  | Yes |  | No |  |
|  |  |  |  |  |  |
| Is 2023/24 your final year of study? |  | Yes |  | No |  |
|  |  |  |  |  |  |
| Will you be attending placements in 2023/24? |  | Yes |  | No |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Section 3 – Your living arrangements** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Please indicate where you are living during term time in 2023/24: |  |
|  |  |  |  |
| With your parent(s) or guardian(s) |  |  |  |
|  |  |  |  |
| With your partner or spouse |  |  |  |
|  |  |  |  |
| Alone |  |  |  |
|  |  |  |  |
| In a halls of residence |  |  |  |
|  |  |  |  |
| In shared accommodation |  |  |  |
|  |  |  |  |
| If you live in shared accommodation, how many other adults live at this address?  |  |  |
|  |  |  |
| Do you share all household expenses? |  | Yes |  | No |  |  |
|  |  |  |  |

|  |
| --- |
| **PLEASE PROVIDE A COPY OF YOUR HALLS / TENANCY / MORTGAGE AGREEMENT IF LIVING OUTSIDE THE PARENTAL HOME**  |

|  |
| --- |
| **Section 4 – Your dependants** |

|  |  |
| --- | --- |
|  |  |
| Are you financially responsible for any children? |  |
|  |  |  |  |
| Yes |  | Please provide the following details (continuing on a separate sheet if required) |  |
|  |  |  |  |  |  |  |  |
|  |  | Full name |  |  | Date of birth |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| No |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **IF YOU HAVE CHILD DEPENDANT(S) PLEASE PROVIDE COPIES OF THEIR BIRTH / ADOPTION CERTIFICATE(S), PLUS COPIES OF ALL PAGES OF ANY RELEVANT BENEFITS DOCUMENTS, E.G. CHILD BENEFIT, TAX CREDITS, UNIVERSAL CREDIT** |

|  |  |
| --- | --- |
|  |  |
| Are you financially responsible for any adults? |  |
|  |  |  |  |
| Yes |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Please provide their full name(s) and date(s) of birth, plus details of the circumstances (continuing on a separate sheet if required) |  |
|  |  |  |  |  |  |  |  |
|  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |  |
| No |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **IF YOU HAVE ADULT DEPENDANT(S) PLEASE PROVIDE COPIES OF ALL PAGES OF ANY RELEVANT DOCUMENTS, E.G. CARER’S ALLOWANCE OR OTHER BENEFITS LETTERS** |

|  |
| --- |
| **Section 5 – Disability** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Do you have a disability, long-term health condition, mental health condition or specific learning difference such as dyslexia? |  | Yes |  | No |  |
|  |  |  |  |  |  |
| Have you applied for Disabled Students’ Allowance (DSA)? |  | Yes |  | No |  |
|  |  |  |  |  |  |
| Do you wish to apply for financial assistance to help pay for specialist equipment or other disability support not covered by DSA? |  | Yes |  | No |  |
|  |  |  |  |  |  |
| If yes, please give details below (continuing on a separate sheet if required) |  |
|  |  |  |  |  |  |
|  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **PLEASE SUPPLY EVIDENCE OF ANY EXTRA DISABILITY RELATED COST(S) THAT YOU WOULD LIKE TO BE CONSIDERED, PLUS CONFIRMATION THAT THESE COST(S) ARE NOT COVERED BY DSA** |

|  |
| --- |
| **Section 6 – Income & Expenditure** |

|  |
| --- |
| **IMPORTANT INFORMATION FOR ALL APPLICANTS****Sections 6A and 6C must be completed by all applicants****Section 6B must be completed by applicants who live with a partner or spouse****PLEASE ENTER N/A TO ANY QUESTION THAT DOES NOT APPLY TO YOU****DO NOT LEAVE ANY BOXES BLANK** |

|  |
| --- |
| **SECTION 6A – Student’s income** |

|  |
| --- |
| **Please enter a weekly, monthly or yearly figure****(or N/A to any that do not apply to you)** |
|  | **Wk/Mnth/Yr** |  |
|  |  |  |
| NHS Learning Support Fund Training Grant **(AHP students)**, Welsh Government Learning Grant **or** SAAS Bursary (**Scottish students**) | £ |  |
|  |
|  |  |
|  |  |  |
| NHS Student Bursary (**medical students**) **or** St George’s Opportunity Fund Grant (**our University bursary**) | £ |  |
|  |
|  |  |
|  |  |
|  |  |  |
| Maintenance loan for living costs | £ |  |
|  |  |
|  |  |  |
| Parents’ Learning Allowance | £ |  |
|  |  |
|  |  |  |
| Adult Dependants’ Grant (SFE) **or** | £ |  |
| Dependants’ Allowance (NHS) |  |
|  |  |  |
| Childcare Grant | £ |  |
|  |  |
|  |  |  |
| Parental Support element of the NHS Learning Support Fund **(available to AHP** **student parents who commenced study in or** **after academic year 2017/18)** | £ |  |
|  |
|  |  |
|  |  |
|  |  |  |
| Disabled Students’ Allowance | £ |  |
|  |  |
|  |  |  |
| Net earnings from employment | £ |  |
|  |  |
|  |  |  |
| Parental/partner contribution | £ |  |
|  |  |
|  |  |  |
| Child / Working Tax Credits | £ |  |
|  |  |
|  |  |  |
| Child Benefit | £ |  |
|  |  |
|  |  |  |
| Housing Benefit / Local Housing Allowance / Council Tax Benefit | £ |  |
|  |
|  |  |  |
| Income Support / Jobseekers’Allowance / Universal Credit | £ |  |
|  |
|  |  |  |
| Postgraduate Master’s Loan / Postgraduate Doctoral Loan | £ |  |
|  |
|  |  |  |
| Scholarships / Trusts / Grants**(please specify)** | £ |  |
|  |
|  |  |  |
| Disability benefits **(please specify)** | £ |  |
|  |  |
|  |  |  |
| Other income or savings **(please specify)** | £ |  |
|  |
|  |  |  |

|  |
| --- |
| **PLEASE SUPPLY EVIDENCE OF ALL INCOME DECLARED** |

|  |
| --- |
| **SECTION 6B – Partner/spouse’s income** |

|  |
| --- |
| **Please enter a weekly, monthly or yearly figure****(or N/A to any that do not apply to you)** |
|  | **Wk/Mnth/Yr** |  |
|  |  |  |
| Partner/spouse’s net earnings from employment or self-employment | £ |  |
|  |
|  |  |  |
| Partner/spouse’s income from any other source **(please specify)** | £ |  |
|  |
|  |  |  |

|  |
| --- |
| **PLEASE SUPPLY EVIDENCE OF PARTNER’S NET INCOME FROM ALL SOURCES COVERING AT LEAST THE LAST 3 CALENDAR MONTHS** |

|  |
| --- |
| **SECTION 6C – Student (and partner /**  **spouse’s) expenditure** |

|  |
| --- |
| **Please enter a weekly, monthly or yearly figure****(or N/A to any that do not apply to you)** |
|  | **Wk/Mnth/Yr** |  |
| **COMPOSITE LIVING COSTS** |  |  |
|  |  |  |
| Food shopping/household/laundry | £ |  |
|  |
|  |  |  |
| Gas & electricity | £ |  |
|  |
|  |  |  |
| Water | £ |  |
|  |  |
|  |  |  |
| Telephone (mobile & landline) | £ |  |
|  |  |
|  |  |  |
| TV licence | £ |  |
|  |  |
|  |  |  |
| Contents insurance | £ |  |
|  |  |
|  |  |  |
| **VARIABLE COSTS** |  |  |
|  |  |  |
| Council Tax ***(EVIDENCE REQUIRED)*** | £ |  |
|  |
|  |  |  |
| Rent / mortgage ***(EVIDENCE REQUIRED)*** | £ |  |
|  |  |
|  |  |  |
| Childcare costs ***(EVIDENCE REQUIRED)*** | £ |  |
|  |  |
|  |  |  |
| Travel costs (term time address to St George’s) | £ |  |
|  |  |
|  |  |  |
| Private vehicle costs (if a car is used for | £ |  |
| childcare purposes or for health related reasons)***(EVIDENCE REQUIRED)*** |  |
|  |  |  |
| Books / equipment / extra course costs (not including tuition fees) | £ |  |
|  |  |  |
| Disability costs not covered by DSA  | £ |  |
| (please specify) ***(EVIDENCE REQUIRED)*** |  |  |
|  |  |  |
| Other costs (please specify) ***(EVIDENCE REQUIRED)*** | £ |  |
|  |  |  |

|  |
| --- |
| **PLEASE ALSO REFER TO THE ALF GUIDANCE NOTES FOR CONFIRMATION OF EVIDENCE REQUIRED FOR SOME VARIABLE COSTS** |

|  |
| --- |
| **Section 7 – Your supporting statement** |

|  |  |  |
| --- | --- | --- |
|  | Please answer the following questions to provide full details about your circumstances*Please continue on a separate sheet if necessary* |  |
|  |  |
|  |  |
|  | 1. **Please explain the reason(s) you are experiencing financial difficulty. Has this been caused by a specific event?**
2. **What steps have you taken to improve your situation?**
3. **Please outline the reasons you believe your circumstances to merit additional support.**
4. **Are you accessing any financial or practical support elsewhere? If so, please give details about what you are receiving.**
 |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Section 8 – Your bank details** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | **Name of bank / building society** |  | **Sort code (6 digits)** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Branch (e.g. name of town)** |  | **Account number (8 digits)** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **If you qualify for a non-repayable award it will be credited to the account stated above**You should supply electronic copies of the last 3 months’ bank, savings, trading/investment accounts and credit card statements for all accounts in your name.These statements must be on the bank’s letterhead and show your name, address and account details, plus all credits, debits and balance information. We cannot accept mini statements, transaction lists, excel/word documents or screen shots. Please download PDFs of the full statements from your online banking.The most recent statement for each account must show transactions dated within 14 days of the date of application submission.**Please ensure that you annotate all the statements to explain all credits and debits of £100 or over.****Please see the ALF guidance notes for confirmation of the other documents that need to be submitted with the application form. Applications missing the required supporting evidence cannot be considered.** |  |
|  |  |  |  |  |
|  | **Confidentiality**Applications and supporting documents are usually only seen by Student Services staff and occasionally by the Academic Registrar (or their designated officer).In some circumstances, particularly where there is a welfare concern, it may be necessary for details to be shared with and additional information to be sought from other St George’s academic and professional services staff. We may also need to seek supporting information from external organisations, for example Local Authority confirmation of care leaver status. |  |
|  |  |  |  |  |
|  | **Data Protection Statement**St George’s, University of London is a data controller in terms of Data Protection Legislation. The Student Services department follows University policy in matters of data protection, and the data requested in this form is used for the purposes of processing your application and for the subsequent contract with you if your application is successful. We may also use the data provided to evaluate the quality and impact of this service. More detailed information about how the University uses your personal data can be found in the Student Privacy Notice at <https://sgul.ac.uk/privacy>.The data will not be passed on to any third party without your consent, except when the University is required to do so by law. Any formal enquiries concerning the use of data noted here should be directed to the Student Funding Adviser at alf@sgul.ac.uk. |  |
|  |  |  |  |  |

|  |
| --- |
| **Section 9 – Declarations** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **Please tick the relevant boxes below to certify that you meet the following conditions:** |  |
|  |  |  |  |
|  | **SECTION A (please tick one box)** |  |
|  |  |  |  |
|  |  | i) I am a **UK national / British citizen**; or |  |
|  |  |  |  |
|  |  | ii) I am settled\* within the United Kingdom (UK) (i.e. I have the **Right to Abode in the UK** or have been awarded **Indefinite Leave to Remain** [please provide the reference number from your UKVI award notice and submit a copy of the award notice]; or |  |
|  |
|  |  |  |  |
|  |  | iii) I have been recognised by the UK Government as a **Refugee** [please provide the reference number from your UKVI award notice and submit a copy of the award notice confirming the expiry date of your status]; or |  |
|  |
|  |  |  |  |
|  |  | iv) I have been granted **Humanitarian Protection (HP)** by the Home Office [please provide the reference number from your UKVI award notice and submit a copy of the award notice confirming the expiry date of your status]; or |  |
|  |
|  |  |  |  |
|  |  | v) I am an **EEA or Swiss Migrant Worker** **or the family member of an EEA or Swiss Migrant Worker, with settled or pre-settled status** and am therefore eligible for the full package of statutory student finance (including the maintenance loan) and I intend to continue working while studying; or |  |
|  |
|  |  |  |  |
|  |  | vi) I am an **EU national with settled status who has been ordinarily resident in the UK for the relevant qualifying period for my cohort** (3 or 5 years) prior to the first day of the first academic year of my course and am therefore eligible for the full package of statutory student finance (including the maintenance loan); or |  |
|  |
|  |
|  |  |  |  |
|  |  | vii) I am the **child of a Swiss national with settled or pre-settled status**; or |  |
|  |  |  |  |
|  |  | viii) I am the **child of a Turkish worker** |  |
|  |  |  |  |
|  |  | \*’settled’ – on the first day of the first academic year of your course |  |
|  |  |  |  |
|  | **SECTION B (please tick one box)** |  |
|  |  |  |  |
|  | I was ordinarily resident\*\* in England, Scotland, Wales or Northern Ireland on the first day of the first academic year of the course, and |  |
|  |  |  |  |
|  |  | I fall under either (i), (ii), (iv) or (vi) above and I have been ordinarily resident in the UK and Islands for the relevant qualifying period immediately before the first day of the first academic year of my course\*\*\* and am therefore eligible for the full package of statutory student finance (including the maintenance loan); or |  |
|  |
|  |
|  |  |  |  |
|  |  | I fall under (iii) above; or |  |
|  |  |  |  |
|  |  | I fall under (v) or (vii) above and I have been ordinarily resident in the EEA and Switzerland for the relevant qualifying period immediately before the first day of the first academic year of my course; or |  |
|  |
|  |  |  |  |
|  |  | I fall under (viii) above and I have been ordinarily resident in the EEA, Switzerland and Turkey for the relevant qualifying period immediately before the first day of the first academic year of my course |  |
|  |
|  |  |  |  |

|  |
| --- |
| **Section 9 – Declarations (continued)** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **SECTION B (continued)** |  |
|  |  |  |  |
|  | \*\* ‘Ordinarily resident’ is interpreted to mean habitual and normal residence from choice or for a settled purpose throughout the prescribed period, apart from temporary or occasional absences. Such residence must also be lawful – that is, not in breach of any leave to remain in the UK. Persons awarded refugee status or humanitarian protection must have been ordinarily resident in the UK from the date this status was granted. |  |
|  |  |  |  |
|  | \*\*\* None of this time was wholly or mainly for the purpose of receiving full-time education, or if it was, I was resident in the EEA immediately prior to this three-year period. |  |
|  |  |  |  |
|  | **SECTION C (all applicants)** |  |
|  |  |  |  |
|  |  | I confirm that I am fully registered and in attendance on the course described on this application form and that I have read the Access to Learning Fund guidance notes in full |  |
|  |
|  |  |  |  |
|  | ***plus (as appropriate)*** |  |
|  |  |  |  |
|  |  | I confirm that I am financially responsible for the children named in Section 5 of this application form |  |
|  |
|  |  | I confirm that I am financially responsible for the adult dependants named in Section 5 of this application form |  |
|  |
|  |  |  |  |
|  | **STUDENT DECLARATION** |  |
|  |  |  |  |
|  | By signing below, I:* declare that all the information that I have given on this application and within the supporting evidence is correct and complete to the best of my knowledge
* consent to my details being shared with and additional information being sought from other members of St George’s academic and/or professional services staff, and for supporting evidence to be sought from external organisations, for example a Local Authority, should this be required
* understand that giving false information will automatically disqualify my application and may also lead to disciplinary procedures resulting in possible expulsion from the University (I further undertake to repay any grant obtained by me as a result)
 |  |
|  |  |  |  |
|  | **Your name (CAPITALS)** |  | **Your signature (please scan original)** |  | **Date** |  |
|  |  |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **PLEASE NOTE THAT FORMS MISSING AN ORIGINAL SIGNATURE CANNOT BE ACCEPTED AND WILL BE RETURNED** |

|  |
| --- |
| **Student checklist – please indicate the documents you have attached** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  | 3 months’ full current account, savings account and trading/investment account statements for all accounts in your name (annotated to explain all credits and debits of £100 or over) |  |
|  |
|  |  | 3 months’ full credit card and/or store card statements for all accounts in your name (annotated to explain all credits and debits of £100 or over) |  |
|  |
|  |  | Financial notification from Student Finance England/Wales/NI or SAAS (Scottish students) |  |
|  |  |  |  |
|  |  | Financial notification from NHS Student Bursaries or NHS Learning Support Fund |  |
|  |  |  |  |
|  |  | Postgraduate Master’s Loan or Postgraduate Doctoral Loan entitlement letter |  |
|  |  |  |  |
|  |  | Current tenancy/mortgage agreement |  |
|  |  |  |  |
|  |  | Evidence of current monthly rent/mortgage paid |  |
|  |  |  |  |
|  |  | Children’s birth/adoption certificates |  |
|  |  |  |  |
|  |  | Current DWP Child Benefit letter (all pages) |  |
|  |  |  |  |
|  |  | Current HMRC Tax Credits letter (all pages) |  |
|  |  |  |  |
|  |  | Benefits document(s) (please specify) |  |  |
|  |  |  |  |
|  |  | Evidence of partner/spouse’s net income from all sources covering at least the last 3 calendar months (e.g. payslips and/or proof of benefits) |  |
|  |
|  |  | Other – please give details below |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |

|  |
| --- |
| **PLEASE NOTE THAT THE ABOVE LIST IS NOT EXHAUSTIVE****FURTHER DETAILS ABOUT THE EVIDENCE REQUIRED CAN BE FOUND IN THE** **ACCESS TO LEARNING FUND GUIDANCE NOTES FOR STUDENTS****DEPENDING ON YOUR CIRCUMSTANCES YOU MAY BE ASKED TO PROVIDE ADDITIONAL DOCUMENTS** |

|  |
| --- |
| **For office use only** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | **Assessor’s decision** |  |
|  |  |  |
|  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |  |
|  | **Print name:** |  |  |  |
|  |  |  |  |  |
|  | **Signed:** |  | **Date:** |  |
|  |  |  |
|  |  |  |
|  | **Reviewer’s decision** |  |
|  |  |  |
|  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |  |
|  | **Print name:** |  |  |  |
|  |  |  |  |  |
|  | **Signed:** |  | **Date:** |  |
|  |  |  |