**Care Leaver Bursary Application Form**

Personal Information:

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Email:** |  |
| **Phone Number:** |  |

**Confirmation of Eligibility:**

**Please provide the following.**

Confirmation of age (passport or other id)

Signed letter or email confirmation from a local authority confirming care leaver status

**Declaration:**

I hereby declare that:

I understand that I am eligible for and would like to receive a bursary as a care leaver.

I understand that if I have been found to have accepted the payment when I am ineligible, the government will require it to be repaid.

I give my consent for my care leaver status (or EHC plan) to be shared with my employer for the purpose of claiming the employer additional payment.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank Details for Payment**

|  |  |
| --- | --- |
| **Bank Name** |  |
| **Bank Address** |  |
| **Sort-Code** |  |
| **Account Number** |  |