

This form is used to determine eligibility for the Care Experience FE Bursary Maintenance Award for students under 26 years on the start date of their chosen course. Please complete sections A, B and C and ask a professional person to fill in part D of the form. You should then send it to us using the "Upload Evidence" service in the Funding area of your Hub account (where this is available in your Partner College) or you can forward this in person or by email to Student Services for them to upload for you.

Section A

Student Name

Date of Birth

	D		M	M		Y	Y
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Student ID

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Section B

Please tell us what Care Provision applies to you

Please ✓

Adopted after a period of being looked after by a local authority

Foster Care

Kinship care (under the Looked After Children (Scotland) Regulations 2009)

Compulsory Supervision Order with no condition of residence (Looked after at home)

Compulsory Supervision Order with a condition of residence (Looked after away from home)

- Been through the Children's Hearings system and is subject to a Compulsory Supervision Order with a condition of residence
- As subject to an order made or authorisation or warrant granted by virtue of Chapter 2,3 or 4 of Part II of the Children (Scotland) Act 1995
- As being provided with accommodation under Section 25 (a voluntary agreement)
- As placed by a local authority which has made a permanence order under Section 80 of the Adoption and Children (Scotland) Act 2007

What age were you when your first period of care started

What age were you when your first period of care ended if not stopped, please enter "ongoing"

Section C

Applicant Declaration

We will use the information you have given us in this form for the purpose of processing this claim. Information on how we collect, hold and process your information can be found on our Student Support Funds Privacy Statement. We have a duty to appropriately manage public funds and we will use the information provided on this form for the prevention, detection, investigation and reporting of Fraud. We will share this information with other bodies for these purposes.

By signing and submitting this form you are confirming that:

- All the information you have given on this form is complete and accurate, to the best of your knowledge and belief.
- You will give us any additional information or documents we may request to enable us to process your funding application.
- You understand if you give us false, incorrect or incomplete information or your conduct is otherwise unsatisfactory, we may withdraw your funding and you will be required to repay all monies which you are not entitled to.
- You understand the information you have provided will be used for the prevention and detection of crime and understand we will share this information with other bodies for these purposes.

Therefore:

I declare, to the best of my knowledge and belief, the details I have given on this form are full and accurate.

Signature

Date

D	D	M	M	Y	Y
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Section D

This section must be completed by a professional person who can verify the nature of your care arrangements.

Declaration of professional person (support/social worker, doctor, nurse, solicitor, teacher, nursery teacher, notary public, counsellor, police officer, minister of religion or family mediation worker).

Full Name

Occupation

Name and Address of Employer

Contact Phone Number

Contact email

Signature of professional

Date

D	D	M	M	Y	Y
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