OFFICE USE ONLY	
Application received:	
F F1 FA	

## **Higher Education Care Experienced Bursary Programme 2024/25**

## 1. What is it?

The HECLBP is a programme designed to benefit students who are currently in, or have previously been in, the care of a Local Authority for any length of time and at any stage in their life. This includes adopted children who were previously in care. £500 one opayment.

The University Centre is offering:

• A £500 cash bursary payment (retention linked)

## 2. How to apply

CECTION 1

- Use blue or black ink and write in CAPITALS
- Answer ALL questions
- Provide evidence that you are a Care Leaver e.g. letter from Social Services
- Provide a copy of a recent bank statement as proof of identity and bank details

DEDCOMAL DETAILS

 Provide a Copy of your Student Finance England 'Notice of Entitlement' Email your completed application to your site of study:

- UCDon: HEAdministration@don.ac.uk
- UCNL: enquiries@ucnl.ac.uk

All correspondence regarding your application will be via your College e-mail address – please ensure that you check this regularly.

If you have any queries regarding your application, please either email the above email address or call UCDon on 01302 553760 or UCNL on 01724 294179.

This fund will open for applications on 07/10/2024 and will close on 27/06/2025.

Please ensure that we have your up to date contact information, including a current mobile number and email address.

SECTION 1—PERSONAL DETAILS	
FORENAME	
SURNAME	
STUDENT NUMBER	
COURSE TITLE	
HOME TELEPHONE NUMBER	
MOBILE TELEPHONE NUMBER	
EMAIL ADDRESS	

SECTION 2—Evidence Checklist				
Please tick the boxes to confirm that the evidence requested is being provided::  Evidence of being a Care leaver  Bank Statement  Copy of SFE 'Notice of Entitlement' letter  Additional information:				
SECTION 3—BANK DETAILS				
Bank Name (e.g. HSBC)				
Bank Address				
Account Number (8 digits)				
Sort Code (6 digits)				
Account Holder (e.g. Mr A Smith)				
Please note, awards will be paid directly into your bank account.				
The DN Colleges Group will not take responsibility for incorrect bank details.				
SECTION 4—DECLARATION				
You MUST sign this declaration				
The information I have given on this form is complete and accurate to the best of my knowledge.  I understand that if I give The DN Colleges Group misinformation, or do not give complete information, I may be refused assistance now and in the future, or I may be prosecuted and my financial assistance withdrawn.				
I understand that some of the information provided in this form and details of any allocations I am awarded may be shared with other organisations that handle public funds in order to prevent/detect fraud.				
Note: It is your responsibility to inform us of any changes to your circumstances which might affect this application.				
DATA PROTECTION & PRIVACY NOTICE				
In accordance with the Data Protection Act 2018, you are advised that the information purpose of processing your application and stored electronically. Your consent to recoare unwilling to provide your consent to the recording and processing of this informat purposes described, The DN Colleges Group may be unable to offer you support.	ord and process t	hese details is required. If you		
Please sign to agree you have read and understood the above:				
Signed				
Print Name	Date			