



The Autism Project
Free Meals and Bursary Funds
APPLICATION FORM FOR LEARNERS
for academic year 2022-23

Making an application

- 1. Complete the application form and relevant SECTION form/s attached.**
2. You may need some information from your parents to complete this.
3. If you need help please ask a parent/carer to support you - with your permission they can complete it for you.
4. If you have questions about the form you can ask your job coach or The Autism Project Manager.
5. Return the completed forms and evidence as requested:
 - o By hand or post in a sealed envelope to:
The Autism Project, CareTrade, The Clarence Centre, 6 St Georges Circus,
London SE1 6FE.
 - o Or by email to tap@caretradeuk.org (all documents will need to be scanned and attached with form to email)
6. We aim to come back to you with a decision within 3 weeks. If it takes longer, you will be kept informed. All decisions should be made within a month.

All information will be treated in the strictest confidence and only shared with the staff needed for a decision to be made.

We do not share any data with external sources unless legally required to do so.

Successful applicant's information will be scanned and stored electronically until a learner finishes the programme. Paper records will be shredded and disposed of in accordance with the Data Protection Act.

If an application is unsuccessful it will be stored for 6 months and then shredded and disposed of. We hold details for 6 months to allow time for a learner or parent/carer to have time to make an appeal if they are not happy with the decision.



Free Meals and Bursary Funds Application Form

Please provide your details below (or those of the learner the claim is being made for if you are completing this on someone's behalf) **PLUS COMPLETE the relevant additional SECTION/s A, B or C and return together with evidence.**

ALL QUESTIONS MUST BE ANSWERED. Please leave the admin only column blank.

	PLEASE COMPLETE THIS SECTION	ADMIN only
Title	Mr Miss Ms Mrs	
Surname		
First name		
Address		
Post Code		
Email address		
Mobile		
Date of Birth	DD/MM/YY	
Do you have an Education Health & Care Plan (EHCP)?	Yes or No	
Do you satisfy the residency criteria set out by the ESFA - (appendix A)?	Yes or No	
When did you start on The Autism Project - please give month and year		
Your age when you started on The Autism Project		
Are you applying for :-		
Free Meals - if yes please complete section A	Yes or No	
Vulnerable Student Bursary - if yes please complete to section B Please note you must be 16,17,or 18	Yes or No	

Discretionary Bursary - if yes please complete section C please note you must be aged 19 or older	Yes or No	
--	-----------	--

SECTION A - Free Meals - additional information required.

Please tick all the benefits you, the learner, or your parent/s (living at the same address) are in receipt of. Please note **You only need to evidence one eligible benefit.**

Eligible Benefit	tick=yes I receive this	Evidence - say what document you are providing a copy of	Admin only
Income Support			
Income based Jobseekers allowance			
Income-related Employment and Support Allowance (ESA)			
Support under part VI of the Immigration and Asylum Act 1999			
The guarantee element of State Pension Credit			
Child Tax Credit (provided they are not entitled to Working Tax Credit and have an annual gross income of no more than £16,190, as assessed by Her Majesty's Revenue and Customs (HMRC))			
Working Tax Credit run-on (paid for 4 weeks after someone stops qualifying for Working Tax Credit)			
Universal Credit with net earnings not exceeding the equivalent of £7,400 pa			

Please note you may be asked to provide further evidence especially if documents provided are old.

please note Working Tax Credit alone **is not** a qualifying benefit

SECTION B - Vulnerable Student Bursary- information required. (2 pages)

The bursary is paid to enable you to attend education with us and will only be paid if you meet all eligibility criteria and your attendance and behaviour meet the required standard. **Please complete forms below and produce the required evidence as stated:**

About You	YES	NO	Admin ONLY
Were you aged 16,17 or 18 on 31 August 2022?			
Do you meet ESFA residency criteria (as Appendix A)?			
Are you In Care or a Care Leaver? (evidence required - letter from Local Authority)			
Are you In receipt of Income Support or Universal Credit? (evidence required - Income Support or Universal Credit Statement letter)			
Are you In receipt of Disability Living Allowance (DLA) or Personal Independence Payments (PIP) in your own right and in receipt of Employment and Support Allowance (ESA) or Universal Credit (UC) (evidence required - financial statement showing both DLA or PIP and ESA or UC)			

Please note you may be asked to provide further evidence especially if documents provided are old.

Bursary payments will be paid directly into learners' bank/building society accounts only (by BACS). Please be aware that The Autism Project can choose to pay Bursary awards 'in kind', e.g. by purchasing equipment required.

Please provide your bank details below as printed on your bank card or statement.

Account Name								
Account Number								
Sort Code			-			-		

Learner Declaration

1. I declare that the information on this form is true and accurate to the best of my knowledge. I have made this claim for a Bursary payment, fully aware that any false statements can lead to withdrawal/refusal of any financial support and may lead to me being prosecuted.
2. I understand that if I refuse to provide information which may be relevant to my claim, the application will not be accepted.

3. I understand that monies I receive under the Bursary Scheme have been awarded to provide me with financial support to allow me to continue in learning, that they are to be used for items such as equipment or travel and if I leave learning all financial support will stop.
4. I understand that the monies I receive under the Bursary Scheme will be paid on condition of the standards of attendance and behaviour, as explained in the Free Meals and Bursary Fund information supplied with this form.
5. I will attend regularly and complete the course for which my bursary is supporting me.
6. If there are changes to my household financial circumstances (which may result in changes to my claim), I confirm I will notify The Autism Project.
7. I will notify The Autism Project of any changes to my Bank/Building Society details.
8. I understand that I do not have an automatic entitlement to Bursary payments, and all payments are based on the information provided.
9. I understand I have the right to appeal if I disagree with the outcome of my Bursary Application.
10. This appeal should be made in writing to The Head of Education & Learning, The Autism Project, but if I feel I have not been treated fairly, I can follow CareTrade's complaint procedure.

Learner Signature		Date	
Learner's Representative Signature (if learner unable to make own application)		Date	
Name of representative			
Capacity of Learner's representative			

Section C -Discretionary Bursary - information required. (3 pages)

The bursary is paid to enable you to attend education with us and will only be paid if you meet all eligibility criteria and your attendance and behaviour meet the required standard.

Your household income is one criteria which will help us to assess your application **and it is compulsory that this is provided before your application is considered.** Your household means you, your parents or partner that you live with.

Please complete forms below and produce the required evidence as stated:

About your household	DETAILS		Admin ONLY
Who do you live with?			
What is your total annual household income? - include yourself, and parents or partner living with you Include earnings, income support, universal credit or pensions <u>Do not include DLA or PIP</u>	Under £23,000		
	Under £30,000		
	Under £40,000		
	Over £40,000 *		
Number of and ages of dependent children in the household			
Evidence of Income Provided	EVIDENCE to be attached		
P60			
Recent wage slips (latest 3)			
Income support/universal credit award letter			
Full tax credit award notice (last 3 months statements)			
Other benefits/pensions (award letter)			
Self-employed earnings (official tax return)			
* where income is over £40K evidence is optional. However this is likely to affect the award.			

Please note you may be asked to provide further evidence especially if documents provided are old.

Learner request for Assistance Form - the amount of financial assistance you will receive will be dependent on your personal circumstances. It is intended to help you with the costs of overcoming any barriers you may have to attend or when attending learning.

Use the table below to tell us what you might need financial assistance with and an estimate of how much you will need during the academic year. This information is strictly confidential and will only be used for this assessment purpose.

Assistance Requested (please give details)	£ Amount requested	Number of days/weeks/ items needed	Admin ONLY
IT equipment			
Books			
Transport			
Meals (please also complete Section A)			
Any other			
<p>If there are extenuating circumstances within your household that have not been covered but you would like us to consider as part of this application, please provide the information here.</p>			

Bursary payments will be paid directly into learners' bank/building society accounts only (by BACS). Please be aware that The Autism Project can choose to pay Bursary awards 'in kind', e.g. by purchasing equipment required.

Please provide your bank details below as printed on your bank card or statement.

Account Name								
Account Number								
Sort Code			-			-		

Learner Declaration

- I declare that the information on this form is true and accurate to the best of my knowledge. I have made this claim for a Bursary payment, fully aware that any false statements can lead to withdrawal/refusal of any financial support and may lead to me being prosecuted.
- I understand that if I refuse to provide information which may be relevant to my claim, the application will not be accepted.
- I understand that monies I receive under the Bursary Scheme have been awarded to provide me with financial support to allow me to continue in learning, that they are to be used for items such as equipment or travel and if I leave learning all financial support will stop.
- I understand that the monies I receive under the Bursary Scheme will be paid on condition of the standards of attendance and behaviour, as explained in the Free Meals and Bursary Fund information supplied with this form.
- I will attend regularly and complete the course for which my bursary is supporting me.
- If there are changes to my household financial circumstances (which may result in changes to my claim), I confirm I will notify The Autism Project.
- I will notify The Autism Project of any changes to my Bank/Building Society details.
- I understand that I do not have an automatic entitlement to Bursary payments, and all payments are based on the information provided.
- I understand I have the right to appeal if I disagree with the outcome of my Bursary Application. Please Appeals should be made in writing to following CareTrade's complaint procedure.

Learner Signature		Date	
Learner's Representative Signature (if learner unable to make own application)		Date	
Name of representative			
Capacity of Learner's representative			