

16–24 Apprentice Care Leaver Bursary Declaration 2019-20

Please note all attachments are at the end of the document

Bank details for payment

Name of Account Holder	
Name of Bank	
Sort Code	
Account Number	

Consent and declaration

<i>I declare that my answers are true to the best of my knowledge</i>	
<i>I understand that if I am found to have accepted the Bursary payment incorrectly or are found to be ineligible the government will require it to be repaid.</i> Agree <input type="checkbox"/>	
Applicant Signature:	Date:

Please attach evidence of eligibility as otherwise your request cannot be processed

OFFICE USE ONLY

Date received:

Eligible for payment Yes / No

Date payment made to learner:

Payment Confirmation

I confirm I have received my payment	
Learner signature:	Date: