

16–24 Apprentice in Care or Care Leaver Bursary Declaration 2020-21

Please note all attachments are at the end of the document

Learners First Name(s):		Family Name:	
Address Line 1:		Date of Birth:	
Address Line 2:		Age now:	
Town/City:		Contact Number:	
County:		Email Address:	
Postcode:			
Course			
Learning Start date			
<p>Are you a 16-24 in Care or Care Leaver defined as: Please Tick all relevant criteria below</p> <p>: an eligible child – I am young person who is 16 or 17 and who has been looked after by a UK local authority or health and social care trust for at least a period of 13 weeks since the age of 14 and who is still looked after</p> <p>: a relevant child – I am young person who is 16 or 17 who has left care within the UK after their 16th birthday and before leaving care was an eligible child for at least a period of 13 weeks since the age of 14</p> <p>: a former relevant child – I am a young person who is aged between 18 and 24 (up to your 25th birthday if they are in education or training) who, before turning 18, was either an eligible or a relevant child</p> <p>You must have begun your apprenticeship on or after 1 August 2018, and must not have received the care leavers' bursary before</p>	<input style="width: 20px; height: 20px; margin-bottom: 10px;" type="checkbox"/> <input style="width: 20px; height: 20px; margin-bottom: 10px;" type="checkbox"/> <input style="width: 20px; height: 20px; margin-bottom: 10px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>	<p>Which Local Authority were you in Care with?</p> <hr/> <p>Please give dates, or state period you were in Local Authority Care</p> <hr/> <p>Have you received a Care Leavers Bursary before?</p>	<hr/> <p style="text-align: center;">Yes / No</p>

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Evidence (a letter or e-mail confirmation) signed by your Local Authority Appointed Personal Advisor from an identifiable Local authority email or on Local Authority Paper is required to confirm you are a Care Leaver.

What evidence are you submitting with this form? a) Signed e-mail confirmation

b) Signed letter confirmation

Bank details for payment

Name of Account Holder	
Name of Bank	
Sort Code	
Account Number	

Consent and declaration

I declare that my answers are true to the best of my knowledge

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. Agree

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

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Date payment made to learner:

Payment Confirmation

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