|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |  | | | | | | |
| **Are you 16-24 in Care or a Care Leaver defined as: (Please tick all relevant criteria below)?**  **: 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.**  **: a relevant child – I am young person who is 16 ,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.**  **: a former relevant child – I am a young person who is aged between 19 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.**  **You must have begun your apprenticeship on or after 1 August 2023, and must not have received the care leavers’ bursary before** | | |  | **Which Local Authority were you in Care with?** | | |  |
| **Please give dates, or state period you were in Local Authority Care** | | |  |
| **Have you received a Care Leavers Bursary before?** | | | **Yes / No** |
| **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 (must include the Council Logo) 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**  [Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]C  [Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]  **c) I give permission for my employer to be informed I was previously in care**  [Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]C | | | | | | | |

**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***  [Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.] | |
| **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***