|  |
| --- |
| 16 – 19 Bursaries |
|  |
|  |

|  |
| --- |
| (1) Aim |
| 1.1 | The aim of the 16-19 Bursaries is to remove barriers to learning and participation for those groups of students identified as the most vulnerable, as outlined below, and from those students from lower-income families. |
| (2) Overview of the Bursary Scheme |
| 2.1 | The most vulnerable group of young people, as identified by the EFA (Educational Funding Agency) are young people in care, young care leavers, young people in receipt of income support and disabled young people in receipt of Employment Support Allowance who are also in receipt of Disability Living Allowance (which will be replaced by the Universal Credit and Personal Independence Payment respectively). Students are encouraged to see the Principal in confidence. The full EFA Guidelines can be found at <https://www.gov.uk/1619-bursary-fund/print>  |
| 2.2 | These young people will be eligible to receive Vulnerable Bursary of up to £1,200, which will be administered in ways that best fit the needs and circumstances of the individual - such as the provision of free meals, books/equipment, a dress code allowance and contributions towards the cost of transport. |
| 2.3 | In addition to the above outlined support, Discretionary Bursaries are available for educational visits or other course-related costs to support students who cannot stay in education without financial help.  |
| 2.4 | This support is at the discretion of the Principal and is conditional on the student meeting agreed standards, such as attendance, attainment and conduct. |
| 2.5 | To be eligible to receive a bursary, the student must be aged over 16 years and under 19 years at 31st August before the Academy Year in question. |
| (3) Administration of the Scheme |
| 3.1 | The PA to the Principal will maintain all correspondence relating to the Scheme/Fund which will be communicated to the Finance Team. The Finance Team will account for monies awarded. This information will be collected by the EFA (Education Funding Agency) through the school census and the Individual Learner Record (ILR). |
| 3.2 | All correspondence is dealt with in the strictest confidence. |
| (4) Making an application for Student Support |
| 4.1 | The attached application form should be completed and sent to the PA to the Principal in confidence – please ensure that all supporting documentation is sent with each claim. |
| 4.2 | The application form must be completed by the person who claims the support payment in the household. |
| 4.3 | All enquiries in confidence to PA to the Principal. |

**Confidential: Application for Student Support**

**NOTE: This form must be completed and signed by the person whose name is on the Benefit Letter AND the letter stating entitlement to Child Tax Credit, Working Tax Credit, or other documents. His/Her name MUST be entered as the applicant.**

1. **Details of Applicant: (Parent or Guardian claiming benefit)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mr / Mrs / Miss / MsDelete as appropriate | Surname: |  | First Name: |  |

|  |  |
| --- | --- |
| National Insurance/Asylum Seeker Number: |  |

|  |  |
| --- | --- |
| Address: |  |
| Postcode: |  | Telephone Number: |  |

1. **Details of Partner (if applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mr / Mrs / Miss / MsDelete as appropriate | Surname: |  | First Name: |  |

|  |  |
| --- | --- |
| National Insurance/Asylum Seeker Number: |  |

|  |  |
| --- | --- |
| Is this your first claim to Landau Forte College?  | YES / NO Delete as appropriate |

|  |  |
| --- | --- |
| Please state if single parent family  | YES / NO Delete as appropriate |

1. **Details of Children at the College who you wish to claim Free School Meals for:**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Surname | Date of Birth | Age M/F |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Proof that you are eligible to claim free meals must be produced within the application. Please read the information below on Support Payments which tells you what documents we need to see.**

**Support Payments entitling Parent/Carer to make a claim for free meals are:**

* **Income Support – IS**

Please provide a recent Department for Work and Pensions (DWP) letter about your Income Support (no more than 6 months old) **OR** the DWP can stamp your form for you **OR** you can provide your most recent Tax Credit Award Notice.

* **Income Based Jobseekers Allowance – IBJSA**

Please provide a recent letter about your Job Seekers Allowance (no more than 6 months old) **OR** the DWP or Jobcentre can stamp your form for you.

* **Income Related Employment & Support Allowance – ESA**

Please provide a recent Department for Work & Pensions (DWP) letter about your Employment & Support Allowance (no more than 6 months old) or the DWP can stamp your form for you.

* **Support under Part VI of the Immigration and Asylum Act 1999**

Please provide a recent Home Office letter (no more than 6 months old) **OR** ask your Housing Association to stamp the form for you.

* **Child Tax Credit (but NOT Working Tax Credit)**

You can make a claim under this category if your annual household income (assessed by the Inland Revenue) does not exceed £16,190 **AND** you do not receive Working Tax Credit. Please provide your most recent Tax Credit Award Notice.

* **Guarantee Element of State Pension Credit**

Please provide your most recent Pension Credit M1000 Notice.

* **Working tax Credit run-on**

This is paid for the 4 weeks after you stop qualifying for Working Tax Credit.

* **Universal Credit**

Please provide a copy of your Universal Credit Statement from your most recent assessment period. Applicants are only eligible provided they have an annual net earned income which does not exceed £7,400 (£616.67 per months).

* **Families with no recourse to public funds**

Please read pages 6-8 for further information and complete the sections on those pages in full should you be eligible.

**N.B. We can only accept complete documents (all pages, even if blank). Photocopies are not accepted**

|  |  |
| --- | --- |
| Name of Benefit Office from which you are claiming:  |  |

**5. Declaration**

* I understand that my entitlement to free school meals will only continue as long as I receive one of the relevant Support Payments as outlined above.
* I will inform you immediately if my entitlement to any of the Support Payments is terminated.
* I understand that if I do not inform you and my child/ren continues to receive free meals, I will have to repay the cost of any meals taken.
* I will inform you immediately if I change my address.
* I declare that I am legally responsible for the child/ren I am claiming for.
* I certify that the above statement and information given by me on this form is complete and accurate and I authorise Landau Forte College to take such steps as they consider necessary to verify the same.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Applicant: |  | Date: |  |

**A DELIBERATE FALSE STATEMENT MAY LEAD TO PROSECUTION**

**Notes:**

1. Free meals are only available to pupils whose parents/guardians are receiving one of the Support Payments for the child/children or for pupils receiving IS or IBJSA.
2. This form must be completed by the person who claims the Support Payment in the household.

**Landau Forte College Student Support**

Student Support, including free meals, is at the discretion of the College. Meal points and other support is neither transferable or for resale. Failure to observe these rules will result in cancellation. Support available is listed in the table below.

Discretionary Payments: In exceptional circumstances, and solely at its discretion, the College may provide similar assistance to parents who do not receive the allowances and credits outlined above.

|  |  |  |
| --- | --- | --- |
| **Family Circumstances** | **Free** **Meals** | **College Dress Code****Allowance** |
|  | **Year 7 – Year 13** | **Year 7 – Year 11** | **Year 12 – Year 13** |
| **Income Support** | **Yes** | **£42**  | **\*Discretionary** |
| **Income Based Job Seeker’s Allowance** | **Yes** | **£42**  | **\*Discretionary** |
| **Child Tax Credit, but not entitled to Working Tax Credit, and have an annual income, as assessed by the Inland Revenue, that does not exceed £16,190.** | **Yes** | **\*Discretionary** | **\*Discretionary** |
| **Income Related Employment & Support Allowance** | **Yes** | **\*Discretionary** | **\*Discretionary** |
| **Universal Credit - applicants are only eligible provided they have an annual net earned income which does not exceed £7,400 (£616.67 per month)** | **Yes** | **\*Discretionary** | **\*Discretionary** |
| **Guarantee element of State Pension Credit** | **Yes** | **No** | **No** |
| **Where parent is in receipt of support under Part VI of the Immigration and Asylum Act 1999** | **Yes** | **\*Discretionary** | **\*Discretionary** |
| **Working Tax Credit** | **No** | **No** | **No** |
| **Working Tax Credit run-on**This is paid for the 4 weeks after you stop qualifying for Working Tax Credit | **Yes** | **\*Discretionary** | **\*Discretionary** |
| **Families with no recourse to public funds**Please read pages 6-8 for further information and complete the sections on those pages in full should you be eligible. | **Yes** | **\*Discretionary** | **\*Discretionary** |

**\*Discretionary –** please write a short letter of consideration to the Principal should you wish to receive any discretionary support listed above.

**Application form for temporary free school meals from families with no recourse to public funds (NRPF)**

Please complete this application form if you are in one of the following categories and would like to apply for free school meals during the temporary extension as a result of the coronavirus (COVID-19) outbreak.

Eligible categories:

* A Zambrano carer
* Have the right to remain in the UK under Article 8 of the European Convention of Human Rights
* Receiving support under Section 4 of the Immigration and Asylum Act 1999
* Receiving support under Section 17 of the Children Act 1989 AND are subject to a NRPF condition

With exception of those receiving support under Section 4 of the Immigration and Asylum Act 1999, your household income must be less than £28,200 p/a outside of London.

To fill in this form, all applicants should complete:

* part 1 and 2;
* the relevant section for their category in parts 3-6; and
* part 7, apart from those receiving support under section 4 of the Immigration and Asylum Act 1999.

When completed, please ensure the declaration at the end of the application is also signed.

Further information relating to this temporary extension can be found in the guidance on [providing free school meals during the coronavirus (COVID-19) outbreak](https://www.gov.uk/government/publications/covid-19-free-school-meals-guidance).

1. **Child’s details**

|  |  |
| --- | --- |
| Surname of child |  |
| First name(s) of child |  |
| Date of birth of child (dd/mm/yy) |  |
| Nationality of child |  |
| Address of child |  |

1. **Parent/carer’s details**

|  |  |
| --- | --- |
| Surname of parent/carer |  |
| First name(s) of parent/carer |  |
| Relationship to child |  |
| Nationality of parent/carer |  |
| Address of parent/carer |  |
| Category applying under: Zambrano / Article 8 ECHR / Section 4 Immigration & Asylum / Section 17 Children Act 1989 |  |

1. **Zambrano carers**

If you are the holder of a derivative residents card, please share a copy. If not, please sign your initials next to each of the following statements to confirm that you meet the criteria.

Carers must meet all of the following criteria to be eligible:

* I confirm that I (the carer/parent) am not a British citizen.
* I confirm that the child is a British citizen.
* I confirm that I (the carer/parent) am a direct relative or legal guardian of the child.
* I confirm that I (the carer/parent) have primary responsibility for the child.
* I confirm that there are no other people in my family in the UK who could look after the child.

*Please also complete section 7.*

1. **Leave to remain in the UK under article 8 of the ECHR**

If you have leave to remain in the UK under article 8, please provide evidence of this. Evidence could include a letter from the Home Office granting you leave to remain, or a biometric residence card.

*Please also complete section 7.*

1. **Section 4 of the Immigration and Asylum Act 1999**

If you are receiving section 4 support, please provide evidence of this. Evidence could include a letter from the Home Office or local authority confirming Section 4 support, and should be dated within the last six months.

*People applying under this category are NOT required to complete section 7.*

1. **Section 17 of the Children Act 1989**

If you are receiving Section 17 support, please provide evidence of this such as a Child in Need letter from the local authority dated within the last six months.

*Please also complete section 7.*

1. **Evidence of earnings**

To be eligible for free school meals, applicants must also be below the maximum household income threshold of £28,200. This equates to a maximum of £2,350 per month, and includes any wider income or support you may be receiving in addition to any earnings from employment. Where possible, please also provide a document to show this – this could be a bank statement, a pay slip or an employment contract.

|  |  |
| --- | --- |
| Are you employed? |  |
| If you have a partner, are they employed? |  |
| Is your annual household income, including earnings from employment and any wider support you may be receiving, less than £28,200? |  |

**Declaration of applicant**

I (Name) ..........................................................................................................

of (Address) .................................. .........................................................................................

confirm that the information I have provided above is accurate and true.

I agree that the information I have provided can be shared with the local authority, the Department for Education and other government departments for the purposes of assessing eligibility for a free school meal.

**Parent/Carer/Guardian with legal responsibility for care of the child**

|  |  |
| --- | --- |
| * Signed
 |  |
| * Print name
 |  |
| * Date
 |  |