

Further Education Application and Assessment Form

For Students entering Full-time Further Education in 2011/2012 (including living expenses grant and any supplementary grants).

Copies of this application form and information on Student Support arrangements for students attending the College of Agriculture, Food and Rural Enterprise (CAFRE) are available on the Western Education and Library Board's website at: www.welbni.org

Applicant's Name: _____

This form is for applicants to the College of Agriculture, Food and Rural Enterprise - Enniskillen, Greenmount and Loughry Campuses.

- All information will be treated in the strictest confidence.
- Any person wilfully making a false statement in support of this application will be liable to prosecution.
- If you have any questions about completing this form you should contact WELB's Further Education Section. Details are provided at the rear of this form.

Important: Please read these notes before filling in this form:

1. The applicant should complete and sign this form. Guidance on answering the questions is given in **bold**.
2. Return the completed form to WELB (Further Education Section) at the address shown on the back of this form by **30 June 2011**. This will enable WELB's Further Education Section staff to make their assessment in time for you to receive any financial support to which you may be entitled at the start of your course. If you complete the form after that date you will still be eligible for support if you meet the criteria but you may not receive payment at the start of your course.
You will not be eligible for support for the 2011/2012 year of your course if you apply later than nine months after the start of your course.
3. Do not complete this form if you have moved or will be moving to Northern Ireland from the United Kingdom (UK) and Islands for the purpose of attending your course. You should seek advice from the responsible authority in the place where you used to live - Scotland: the Student Awards Agency for Scotland; England and Wales: your Local Education Authority; Channel Islands: the Education Departments of Guernsey or Jersey; Isle of Man: the Education Department.
4. Apart from people at (3) above, if you are a national of a European Union state who has moved or will be moving to Northern Ireland for the purpose of attending your course (including a United Kingdom national who has been living outside the United Kingdom) you should seek advice from WELB's Further Education Section staff. Details are provided at the rear of this form.



Department of

**Agriculture and
Rural Development**

www.dardni.gov.uk

AN ROINN

**Talmhaíochta agus
Forbartha Tuaithe**

MÀNNYSTRIE O

**Fairms an
Kintra Fordèrin**

Application and Assessment Form

Section A: Student's Personal details

1. Surname: _____

2. Forename(s): _____

3. Surname at Birth: _____

4. Title: Mr Mrs Miss Ms Other _____
(Please tick) (Please write in)

5. Date of Birth: Day Month Year

**Please enclose your original Birth Certificate with your application
(Certified photocopies will only be accepted in exceptional circumstances)**

6. Marital Status: Single Married Widowed Divorced
(Please tick)
Separated Living with partner

**If you are married, divorced or separated, YOU MUST submit evidence,
eg a copy of marriage certificate or court order**

Name of Student's Spouse/
Co-habitee/Partner (if applicable)

Occupation

7. Date of Marriage: Day Month Year
(If applicable)

Maiden Name

8. Date of Separation/Divorce: Day Month Year
(If applicable)

9. Sex: Male Female (Please tick)

10. Length of residency in Northern Ireland: _____

11. Are you disabled? Yes No (Please tick)

If you answered 'Yes' to the question you should contact the CAFRE Student Support Officer. For further information telephone 028 9442 6700

12. National Insurance Number:

Section B: Residence

13. State Permanent Home Address:

Postcode: _____ Tel: _____

Mobile: _____ E-mail: _____

14. Parents Home Address (If same as your address write 'AS ABOVE'):

Postcode: _____ Tel: _____

15. Have you resided at an address other than at question 13 above during the period 1 Sept 2008 to 31 August 2011?

Yes No (Please tick)

16. If Yes at question 15 above, please state addresses and dates:

Postcode: _____ Tel: _____

Dates from / / to / /

Postcode: _____ Tel: _____

Dates from / / to / /

Postcode: _____ Tel: _____

Dates from / / to / /

17. Residence during term time:

Own Home Parental Home Halls of Residence Lodgings

(Please tick)

Postcode: _____ Tel: _____

Section C: Proposed campus and course details

- 18a. Please list below course(s) applied for at Enniskillen, Greenmount or Loughry Campus:
- b. Which campus will you be attending in 2011/12?
- c. Give the name of the course you are studying or expect to study in 2011/12
-
- d. What qualification will you gain on completion of your course?
-
- e. Date you commenced/or will commence your course
- Day Month Year
- f. When will you complete the last year of your course?
- Day Month Year
- g. What is the duration of the course?
- h. Which year of the course are you studying in 2011/12 (ie, 1st, 2nd, 3rd)?
- i. Will you be repeating any part of the course in 2011/12?
- Yes No **(Please tick)**
- If YES, please give details
- _____

Section D: Details of previous education

19. Give details of colleges/universities attended since leaving school **(If applicable)**:
- Name: _____
- Course: _____
- Full or part time: _____
- Date of Entry: _____ Date of Leaving: _____

20. Previous financial support

Have you received any financial assistance towards attendance on a previous course by this or any other body?

Yes No (Please tick)

If Yes, please give full details:

Awarding authority and type of award: _____

Duration and dates: _____

Section E: Independent Status

You are an independent student if you meet one of the following conditions:

- You have care of a child or children on the first day of the academic year for which you are applying for support (forward child's long birth certificate); **or**
- You are aged 25 or over on the first day of the academic year in which you are applying for support; **or**
- You have been married or entered into a civil partnership before the start of the academic year for which you are applying for support (you need to provide a copy of your marriage certificate or civil partnership schedule); **or**
- You have supported yourself for at least three years outside full-time education before the first academic year of the course for which you are applying (please include any period when you were unemployed or on a Government training scheme). You need to provide evidence such as letters from employers/Social Security Agency, detailing the beginning and end of each period of employment or unemployment; **or**
- You have no living parents.

In certain other circumstances WELB's Further Education Section may not take a parental contribution into account, for example, where you are irreconcilably estranged from your parents. For further information please contact WELB's Further Education Section or see Section 6 of the 'Guide for those starting Further Education at CAFRE'.

21. Do you wish to be considered as an independent student?

Yes No (Please tick)

Failure to supply supporting evidence will mean a delay in processing your application.

Section F: Supplementary Grants

22. Have you any Dependants? Yes No **(Please tick)**

If YES, will you use registered/approved childcare?

Yes No **(Please tick)**

**Definition of childcare is on page 7 of the DARD booklet Further Education
Financial Support for Students in 2011/12.**

Section G: Parental/Spouse/Partner Financial Details

If parents are divorced or separated, only the parent with whom the student ordinarily resides should complete this section.

Complete either ONE or BOTH boxes to best reflect/apply to your situation.

23. Name and address of parents/step-parents/parent's partner or civil partner/student's spouse/partner/civil partner or guardians.
(If guardian, please enclose a letter of explanation).

Name of father/step-father/mother's
cohabitee/student's cohabitee/spouse
or guardian: _____

Relationship to applicant: _____

Address _____

Postcode _____

Occupation _____

Employed Self Employed **(Please tick the box(es) which apply)**

Unemployed Retired

Name of mother/step-mother/father's
cohabitee/or guardian: _____

Relationship to applicant: _____

Address _____

Postcode _____

Occupation _____

Employed Self Employed **(Please tick the box(es) which apply)**

Unemployed Retired

24. Are your parents: **(Please tick)**

married divorced widowed and remarried
single separated divorced and remarried
widowed both deceased living with partner/civil partner

If your parents are divorced or separated, which parent do you normally live with?

Father Mother **(Please tick)**

If your parents are divorced or separated you must submit evidence, eg a copy of court order.

Section H: Parental/Spouse/Partner Financial Circumstances

Income

25.

Total gross (before tax) income of the student's parent(s)/step-parent/parent's partner or civil partner/guardian FROM ALL SOURCES for the YEAR ENDED 5 APRIL 2010

WHERE NO INCOME WAS RECEIVED IN RESPECT OF ANY ITEM UNDERMENTIONED YOU MUST ENTER "NONE"

	Father/ Spouse/ Partner	Mother
State total gross income from salary, wages, commission, bonus and overtime, before deductions. Enclose P60's for 2009/10 year.	£ <input type="text"/>	£ <input type="text"/>
State amount of taxable benefits (eg car, BUPA)	£ <input type="text"/>	£ <input type="text"/>
SELF EMPLOYED - Total income from trade, business or profession. Enclose Tax Calculation for 2009/10 year.	£ <input type="text"/>	£ <input type="text"/>
Income from property, land, etc as computed for purposes of Income Tax. (i) Rents and profits from furnished lettings. (ii) Other income from property, ground rents etc.	£ <input type="text"/>	£ <input type="text"/>
Pensions - Please state type of pension, eg Retirement, Widows, Work Pension, etc.	£ <input type="text"/>	£ <input type="text"/>
_____	£ <input type="text"/>	£ <input type="text"/>
_____	£ <input type="text"/>	£ <input type="text"/>
Interest on Bank/Building Society Investments (Gross)	£ <input type="text"/>	£ <input type="text"/>
Other Unearned Income (Gross).	£ <input type="text"/>	£ <input type="text"/>
Social Unearned Income (Gross).	£ <input type="text"/>	£ <input type="text"/>
SOCIAL BENEFITS Please state type of Social Benefit, eg Income Support/Jobseekers Allowance, Disability Living Allowance, Carers Allowance, etc.	£ <input type="text"/>	£ <input type="text"/>
_____	£ <input type="text"/>	£ <input type="text"/>
_____	£ <input type="text"/>	£ <input type="text"/>
_____	£ <input type="text"/>	£ <input type="text"/>

26. Charges on deductions and allowances against income in accordance with Income Tax Practice for the **YEAR ENDED 5 APRIL 2010 - CERTIFICATES MUST BE PRODUCED.**

	Father	Mother
Superannuation contributions (voluntary and/or compulsory)	£ <input type="text"/>	£ <input type="text"/>
Retirement Annuity premiums/Private Pensions	£ <input type="text"/>	£ <input type="text"/>
Professional Subscriptions Amount of any professional or employment related expenditure on which you claim tax relief	£ <input type="text"/>	£ <input type="text"/>
Other Allowances (please state type and amount)	£ <input type="text"/>	£ <input type="text"/>

Section I: Dependants

27. Particulars of all wholly dependent sons and daughters (excluding applicant) during the academic year 2011/12

Name	Date of Birth	School or other Educational Institution

The information provided on this form may be made available to other departments/agencies for the purposes of preventing or detecting crime.

Section L: Declarations

All applicants: please read the following declaration. Your application for support will not be processed if you do not sign and date the declarations.

Parents/Spouse/Partner/Legal Guardian

I/we declare that the statements made on this form are to my/our knowledge and belief correct. I/we undertake to supply any additional information or documentary evidence which may be required to verify the particulars given. I/we undertake that where any provisional or other payments made in pursuance of the award in respect of the year exceed (for whatever reason) the student support in respect of the year, I/we will, if called upon to do so, repay the excess amount.

Signed: **Father/Spouse/Partner/Legal Guardian**

_____ Date: / /

Signed: **Mother**

_____ Date: / /

Student

To the best of my knowledge the information I have given on this form is complete and accurate. I will inform WELB's Further Education Section immediately of any change in my circumstances at any time that might affect my entitlement to support. I understand that if I give false information, or fail to give complete information, I may be prosecuted.

I understand that the information provided on this form may be made available to other departments/agencies for the purposes of detecting crime.

I will write and tell you immediately if, in any year of my course, I am absent due to illness for more than 60 days from the course, or if I am absent for other reasons, or if I leave the course. I understand that if this happens I may not be eligible to receive any outstanding instalments notified to me, and that I may have to repay all or part of any financial support paid to me for that year.

If financial assistance is provided to me or on my behalf, and is, for whatever reason, an amount, which is more than I am entitled to, I will pay back any amount in excess of my entitlement.

Please check that you have answered every relevant question in full and enclosed any documents you have been asked to supply.

Signed: **Student**

_____ Date: / /

Signed: **Parent/Guardian (if applicant is under 18 years of age)**

_____ Date: / /

CHECKLIST, have you:

- enclosed your original birth certificate, marriage certificate or other relevant documents;
- enclosed proof of independence (if applicable);
- completed all the relevant questions;
- signed and dated the declaration at the end of this form.

If you have not done the above your form will be returned which will delay the processing of your application.

Completed forms along with your birth certificate and any other documents should be returned as soon as possible to:

Student Finance NI
Further Education Awards Section
Western Education and Library Board
1 Hospital Road
Omagh
Co Tyrone
BT79 0AW

Telephone: 028 8225 4546

Fax: 028 8241 1233

Hearing impaired users can contact WELB by Textphone on 028 8241 1550

E-mail: feawards@welbni.org

