

[FCF] Financial Contingency Fund APPLICATION FORM

Please complete **ALL** sections of this form.

LEARNER DETAILS	
Full name: _____	Date of Birth: _____
Tel. or Email address: _____	
Course ID: _____	
Length of course (in hours): _____	
REQUEST FOR SUPPORT	
<i>Tick all that apply</i>	
<i>FCF is unable to help Asylum Seekers</i>	
Type of assistance requested	Total Cost Applied For
1 Assistance with disability costs	<input type="checkbox"/> £ _____
2 Books	<input type="checkbox"/> £ _____
3 Stationery	<input type="checkbox"/> £ _____
4 Educational Visit	<input type="checkbox"/> £ _____
5 Equipment	<input type="checkbox"/> £ _____
6 Registered childcare fees	<input type="checkbox"/> £ _____
Total hours of childcare assistance required per week: _____	
Child's Full Name: _____	Age of Child: _____
Child's Full Name: _____	Age of Child: _____
7 Transport	<input type="checkbox"/> £ _____
8 Disabled Transport	<input type="checkbox"/> £ _____
9 Exam Fees	<input type="checkbox"/> £ _____
10 Registration Fees	<input type="checkbox"/> £ _____
Total cost(s) applied for: £ _____	
Notes:	
Please provide full details of supplier (APPLICABLE TO ALL SECTIONS ABOVE)	
Name: _____	
Address: _____	
Tel: _____	Email: _____

Please send all completed forms to fcf@adultlearning.wales

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APPLICATION FORM

EVIDENCE REQUIREMENT

Please tick and provide evidence if you are in receipt of the following benefits:

Concession 1		Concession 2	
<input type="checkbox"/>	Income Support	Working Tax Credit	<input type="checkbox"/>
<input type="checkbox"/>	Job Seekers Allowance / Employment Support Allowance	Attendance Allowance	<input type="checkbox"/>
<input type="checkbox"/>	Pension Credit Scheme	Industrial Injuries Benefit	<input type="checkbox"/>
<input type="checkbox"/>	Disability Living Allowance	War Pension	<input type="checkbox"/>
<input type="checkbox"/>	Incapacity Benefit	Armed Forces Compensation Scheme	
<input type="checkbox"/>	Disabled Persons Tax Credit	Severe Disablement Allowance	<input type="checkbox"/>
<input type="checkbox"/>	Carers Allowance	State Pension	<input type="checkbox"/>
<input type="checkbox"/>	Housing Benefit	Please note that if you are not claiming one of the benefits listed above, you will need to complete an 'Income /Outgoings Form' to demonstrate that you are eligible for FCF funding. Please request a copy from fcf@adultlearning.wales	
<input type="checkbox"/>	Council Tax Benefit (excluding single reduction)		
<input type="checkbox"/>	Statutory Maternity / Paternity / Adoption Pay / Statutory Sick Pay		
<input type="checkbox"/>	Universal Credit		

Evidence checked and verified by: _____ Date: _____

Any information supplied by you on this form will be processed in accordance with GDPR requirements and will be processed by AOC|ALW as the data processor for the purposes supplied.

DECLARATION (to be completed by ALL applicants)

- I declare that the information given in this form is true and accurate. I understand that any attempt to dishonestly obtain FCF shall be treated as fraud and may be referred to the authorities.
- I understand that in the event of me withdrawing from my course of study without good reason, I will be required to reimburse the organisation for the full amount awarded.
- I understand that payment of funds will depend upon my satisfactory attendance and progress.
- I will supply any evidence requested and will undertake to inform the organisation of any change in my circumstances.

Signature: _____ Date: _____

For Learner Services Use Only

Date received: __/__/__ Application approved: Yes No
 Application is declined because: _____
 Amount to be awarded: £_____ Signed: _____ Date: __/__/__
 Entered onto FCF system: __/__/__ Approval notice sent: __/__/__ Applicant notified of decision: __/__/__

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