

Eligibility for Funding Criteria Confirmation

All sections must be completed by the Applicant

Full information on the funding criteria is published in the Government Agency Funding Rules

| | Please answer the questions below: Section 1 Yes No | | | | |
|------|--|-----|-----|--|--|
| 1 | Were you aged 19 or over on 31 st August 2018? | 103 | 110 | | |
| 2 | Are you resident in England? | | | | |
| 3 | Are you subject to employment or learning restrictions and/or time limit on my stay in the UK? | | | | |
| 4 | Are you an EU/EEA citizen (including the UK)? | | | | |
| 5 | Have you lived/worked in the EU/EEA (including the UK) for a minimum of 3 years? | | | | |
| 6 | Are you in custody as a prisoner or on remand? | | | | |
| 7 | Are you attending school or a HE or FE College, or doing an apprenticeship, any other government funded training programme, full or part-time? | | | | |
| Sect | ion 2 | | | | |
| 8 | Are you currently employed or self-employed? If so, please go to Q9 | | | | |
| 8a | Are you presently unemployed? If so please answer Q8b-8c | | | | |
| 8b | Are you in receipt in any of the following benefits; please be aware you will be required to provide evidence. | | | | |
| | JSA ESA | | | | |
| | Universal Credit | | | | |
| | Any other benefit (please specify) | | | | |
| 8c | Are you in receipt of any benefits at all? | | | | |
| 9 | If you are employed, do you earn less than £15,736.50 per year? If Yes, you must be able to provide evidence (eg P60, 3 months of wages slips, current contract of employment). You can do this by attaching copied of the evidence when you email this form to us. | | | | |
| 10 | Do you have any previous qualifications? If not, please go to Q10b | | | | |
| 10a | What is the highest full level of qualification you have gained? | | | | |
| 10b | I confirm that the qualification that I am applying for will be my first full Level 1 (Less than 5 GCSEs at grade C/4 or below) | | | | |
| | If you are unsure of your qualification level please provide full title of qualification: | | | | |



| Sect | tion 3 | | |
|------|---|-----|-----|
| 11 | Title | | |
| 12 | First Name | | |
| 13 | Surname | | |
| 14 | Date of Birth (dd-mm-yyyy) | | |
| 15 | Address | | |
| | | | |
| | | | |
| | | | |
| 16 | Postcode | | |
| 17 | Email | | |
| 18 | Contact number | | |
| 19 | Do you have any learning difficulties and/or | N | NL- |
| | health problems? | Yes | Νο |
| | If yes, please tick all that apply. | | |
| | Visual impairment | | |
| | Hearing impairment | | |
| | Disability affecting mobility | | |
| | Profound complex disabilities | | |
| | Social and emotional difficulties | | |
| | Mental health difficulty | | |
| | Moderate learning difficulties | | |
| | Severe learning difficulties | | |
| | Dyslexia | | |
| | Dyscalculia | | |
| | Autism Spectrum Disorder | | |
| | Aspergers Syndrome | | |
| | Temporary disability after illness / accident | | |
| | Other physical disability | | |
| | Other specific learning difficulty | | |
| | Other medical condition | | |
| | Other disability | | |
| | Prefer not to say | | |
| 20 | Do you have an Education Health Care Plan? | Yes | Νο |
| 21 | The College has a duty of care, particularly to | | |
| | learners who are under 18 years of age. In view of | | |
| | this all applicants are required to declare any | | |
| | criminal convictions. All information given will be | | |
| | treated as sensitive data and dealt with in | | |
| | accordance with our Equal Opportunities Policy | | |
| | and Admissions Policy. | | |
| | Do you have any Criminal Convictions? | | |
| | (excluding fixed penalty driving offences) | Yes | No |
| | If yes, details should be sent in a separate email or | | |
| | by post and marked as confidential. | | |



Household Situation Data

Please select which of the following statements apply (one or more may apply):

| Question | Yes | No |
|--|-----|----|
| No member of the household in which I live (including myself) is employed | | |
| The household that I live in includes only one adult (aged 18 or over) | | |
| There are one or more dependent children (aged 0-17 years or 18- 24 years if full time students) in the household | | |
| None of these statements apply | | |
| I confirm that I wish to withhold this information (applies to Household Section Only) | | |

Data Protection

Myerscough College and University Centre is the Data Controller and is committed to protecting the rights of individuals in line with the Data Protection Act 2018 (DPA) and the General Data Protection Regulation (GDPR). We are registered with the Information Commissioner's Office (ICO) and our registration number is Z8917574. Out full Privacy Notice can be found on our website or by clicking on the following link:

Enquirer, Applicant and Student Privacy Notice

Signature of Applicant:

Date: