**Application for Pupil Financial Support**

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| **Please note the following:**  Before applying for pupil financial support, you must ensure eligibility.  Eligibility includes:   * Have a child as a pupil at OMG Education Independent School. * Have an annual household income (excluding housing benefits and council tax reduction) below £25,000. * Have evidence to support your claim. |

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| **Section 1: Pupil Personal Details** | | | | | |
| First Name(s) |  | | Surname |  | |
| Date of Birth |  | | Gender | Male  Female  Other |
| Address Line 1 |  | | | | |
| Address Line 2 |  | | Postcode |  |
| Email Address |  | | | | |
| Home Phone No. |  | | Mobile No. |  | |
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| Parent/Carer Full Name | |  | | |
| Parent/Carer Phone No. | |  | | |
| Parent/Carer Email | |  | | | |

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| **Please now only complete either section 2 or 3, not both.**  *If you are unsure what you are eligible for, please contact us at 02081593838 or* [*info@omg.school*](mailto:info@omg.school)*.* |

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| **Section 2: Vulnerable Groups** | |
| Is the pupil? Please tick one applicable box. | |
| In Care | In receipt of universal credit because they are financially supporting themselves or financially supporting themselves and someone who is dependent on them and living with them, such as a child or partner. |
| A care leaver | In receipt of Disability Living Allowance, Personal Independence Payments, and Universal Credit in their own right. |
| **Evidence required:** A letter from the local authority stating you are in care or a care leaver is required. | **Evidence required:** Letter from DWP, dated within the past 3 months, showing your entitlement to all of the relevant benefits. |

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| If you have ticked any of the boxes above, please go straight to **Section 6**  If the above does not apply to you, please continue to **Section 3** |

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| **Section 3: Discretionary** |
| You are required to produce evidence for one of the **criteria groups (A, B or C).**  Your application will be **delayed or not processed** if you do not provide this. |

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| **Group A** | |
| Is the pupil or parent(s)/carer(s) receiving one or more of the following benefits? Please tick all that apply: | |
|  | Universal credit (including income support, income-based job seekers allowance (JSA), child tax credit, working tax credit and income-related employment and support allowance (ESA). |
|  | Guaranteed element of state pension credit |
|  | Support under Part VI of the Immigration and Asylum Act 1999. |
| **Evidence Required:** Letter from DWP dated within the past three months showing your entitlement to the above-ticked benefits. | |

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| **Group B** | |
| Is the pupil or parent (s)/carer(s) receiving one or more of the following benefits? Please tick all that apply: | |
|  | Working tax credit with a gross income of under £25,000 per annum. |
|  | Housing benefit or Local housing allowance |
|  | Council tax reduction scheme |
|  | Carer’s allowance |
| **Evidence Required:** Letter from DWP, dated within the past three months, showing your entitlement to the above-ticked benefits. | |

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| **Group C** | |
| Is the pupil or parent(s)/carer(s) not receiving one or more of the following benefits listed in criteria groups A or B but are employed or self-employed with a gross household income of less than £25,000 per annum? | |
|  | Yes |
|  | No |
| **Evidence required:** Recent P60/P45, three months' recent pay slips or evidence of self-employed income, e.g., tax return or accountant’s letter. | |

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| **Group D** | |
| Is the pupil a young parent? | |
|  | Yes |
|  | No |
| **Evidence required:** Birth certificate of the child, Child benefit award notice or a tax credit award with child tax credit element (now within universal credit). | |

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| **Group E** | |
| Is the pupil a young adult carer? (This means that you provide unpaid support for someone who is physically or mentally ill, frail, elderly, disabled or misuses alcohol or substances. | |
|  | Yes |
|  | No |
| **Evidence required:** Letter from local authority, local carers’ organisation or GP. | |

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| **Group F** | |
| Is the pupil currently of no fixed abode? (For example, pupils who are Travellers, living in emergency accommodation, homeless or insecurely housed) | |
|  | Yes |
|  | No |
| **Evidence required:** Please provide further details in **Section 5.** | |

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| **Section 4: What do you need help with?** | |
| **Travel:** (Please tick all that apply) | |
|  | I already have an 11-15, 16-18, 18+ oyster card. |
|  | I will apply for a 16-18 or 18+ oyster card and need financial support. |
|  | I will apply for an 11-15 oyster card and need financial support. |
|  | I will need financial support for daily travel expenses. |
| **Food:** | |
|  | I would like to apply for free school/college meals. I fall into group A. |
|  | I am not eligible for free school/college meals, but I would like to apply for support. |
| **Uniform:** | |
|  | I would like financial support with school uniform (pupils 14-16). |
| **Please note:** All support with lunches comes in the form of a lunch voucher. | |
| **Other:** (Please specify below) | |
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| Other costs may occur throughout the year, such as school or college trips, exam re-sits, or travel to educational or employment interviews. We understand that you may not know these costs right now, so at present, we will only consider support for the categories above. If you have related costs in the future, please contact the Management or our Administrator. | |

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| **Section 5: Additional Support/information we need to know.** |
| Please use the space below to provide us with any additional information to support your application (e.g., household circumstances or benefits that are not described in Section 3). |
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| **Section 6: Pupil and Parent/Carer Declaration** | |
| * I/ we certify that the information provided is correct to the best of my knowledge and belief. * I/ we understand that payments may be reduced based on my attendance and behaviour in all timetabled sessions. * I/ we understand that my bursary will end should I leave my course. * I, the applicant, understand that information may be shared with the parent/ carer named on the front page of the application. * I/ we understand that the information provided on this application may be shared with other school departments. | |
| **Pupil Signature:** | **Date:** |
| **Parent/Carer Signature:** | **Date:** |

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| **Please email/hand in this form and all accompanying evidence to Jamal Miah at** [**jamal.miah@omgeducation.co.uk**](mailto:jamal.miah@omgeducation.co.uk)**.** |

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| **Office use only** | | | |
| **Application status** | | **Completed** | **Incomplete** |
| If incomplete, please provide more details as to what is required. | | | |
| **When completed, please inform the pupil/parent/carer.** | | | |
| **Assessed by:** |  | | |
| **Assessor Signature** |  | | |