

**PRIVATE AND CONFIDENTIAL**  
**POOLE ADULT LEARNING**  
**APPLICATION FOR ACCESS FUNDS**

This form should be used to apply for financial assistance with child-care fees, course and/or exam fees, purchase of learning materials, or travel costs. You may enrol for the course(s) now. We will respond to your application within 14 days. If you do not hear from us, please let us know.

**Personal Details**

1. Name: .....

2. Address: .....

.....Postcode: .....

3. Date of Birth: ..... 4. Marital Status: .....

Do you have a disability? YES/NO Telephone No: .....

5. Please provide details of the course(s) of study you are planning to complete.

Programme No	Title	Fee	Hours per week	Exam
				Yes/No
				Yes/No
				Yes/No

6. Please provide details of why you are seeking financial support and how it would enable you to attend a course of learning. (Attach separate sheet if needed.)

.....  
 .....  
 .....  
 .....  
 .....

7. Please state the total amount of financial support you require.£

- (a) Programme fees: .....£
- (b) Child-care Costs (per week): .....£
- (c) Exam fees:.....£
- (d) Other (details): .....£
- .....£

Please enter below gross income from all sources:

**Note: (a)** Applicant aged under 21 must include parent(s) income (b) Applicant who is married should include partners' income.

Salary (including overtime)	£ .....	per month
Partners' income	£ .....	per month
Child Benefit allowance	£ .....	per month
Maintenance allowance	£ .....	per month
Income from investments	£ .....	per month
Income Support	£.....	per month
Other income (please specify)	£.....	per month
	£.....	per month
<b>Total</b>	<b>£ .....</b>	

I certify that my gross income from all sources (**including (a) and (b) above** if applicable) is as stated above. I will produce documentary evidence for the income I have declared, when requested to do so.

Signature of applicant ..... Date .....

When completed please return to: **Mr Robin Dynes, Social Inclusion Officer, Poole Adult Learning, Oakdale Centre, Wimborne Road, Poole BH15 3DL. Please mark your envelope "confidential".**

**This section is for Poole Adult Learning use only.**

Request granted YES/NO Authorised by: .....Date: .....

Purpose: Programme fees/Exam fee/Learning resources//Childcare/Transport/  
Other: .....

Amount of Grant: £ Letter of notification sent: ..... Date: .....

Appeals: Interview: YES/NO Date: ..... Result: YES/NO Date: .....

Reason: ..... Signature: .....

External appeal YES/NO

Reason.....Result YES/NO

