

 formerly Equity Trust Fund

***Please be sure to read and sign the Data Protection on page 8, otherwise we won’t be able to process your application***

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| **EDUCATION APPLICATION FORM***Please use BLACK INK on this form and do not write on the back of these pages, but continue on a separate sheet.* |

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| **Professional name:** |  |
| **Legal name (if different):** |  |
| **Contact Address:** |  |
|  |
| **Email address:** |
| **How did you hear about the ECT?**  |
| **Equity Number:** |   | **What year did you join?** |
| Spotlight PIN no: |  |
| Daytime Tel No: |  |
| **Evening Tel No:** |  |
| **Date of Birth:** |  | **Current Age:** |
| **Married** **[ ]  Partnered** **[ ]  Separated** **[ ]  Divorced** **[ ]  Widow/er** **[ ]  Single** **[ ]**  |
| **If applicable, what is your partner/spouses’ occupation** |
| **If you have children please give their DOB** |
| **Do you have any other dependents?** |  |
| **When was your last professional engagement and how much did you earn?**  |

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| **How much did you earn from your chosen profession (i.e. acting, singing, etc.) in the last 12 months before tax?** |
| **What were your TOTALEARNINGS after tax last year?** |
| **If applicable, please provide your partner/spouses’ earnings after tax for the most recent accounting period:** |
| **Income from your *NON-PROFESSIONAL EARNINGS.* Please state what type of work this is:****Per week / per month £**  |
| ***Please Note***Applicants are reminded that in most cases you will lose your Benefits once you become a student. Exceptions may by single parents and the disabled. Part time study is still a gray area and your Benefits may be affected. The rules are in flux, so please contact the Students Union or your local Citizens Advice Bureau for further clarification.  |
|  | **YOU (**per week/month) | **PARTNER** per week/month) |
| **Retirement/state pension:** |  |  |
| **Maintenance Costs - if you have children:**  |  |  |
| **Working Tax Credit** |  |  |
| **Child Tax Credit** |  |  |
| **Child Benefit**  |  |  |
| **Universal Credit** |  |  |
| **Job Seekers Allowance** |  |  |
| **Severe Disablement Allowance** |  |  |
| **Incapacity Benefit** |  |  |
| **Disability Living Allowance****CARE COMPONENT** |  |  |
| **Disability Living Allowance****MOBILITY COMPONENT** |  |  |
| **Attendance Allowance** |  |  |
| **Council Tax Benefit** |  |  |
| **Net income from Stocks & Shares, Building Societies, investment properties, etc.** |  |  |

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|  | **YOU** |  **PARTNER\*/HUSBAND/WIFE** |
| **HOUSING COSTS:** | PER MONTH | PER MONTH |
| **RENT:**  |  |  |
| **How much HOUSING BENEFIT do you receive:** |  |  |
| **MORTGAGE:**  |  |  |
| **Is the mortgage a REPAYMENT** **[ ]  or INTEREST ONLY** **[ ]**  |
| **How much INCOME SUPPORT covers the mortgage?** |  |  |
| **How much was the Mortgage taken out for?** |  |  |
| **How long is there left to run on the Mortgage?** |  |  |
| **How much is the property now worth?** **(check on zoopla or mouseprice):** |  |  |
| **Are there any Mortgage arrears?** |  |  |
| **If there’s a second Mortgage, how much is this for?** |  |  |
| **How much is the Service Charge?** |  |  |
| Are there any urgent outstanding repairs?  |  |  |
| **COUNCIL TAX:****How much is your Council Tax:** (*NB Students are usually exempt from CT)* |  |  |
| **Are there any arrears?** |  |  |
| **INSURANCE:****Household/Contents:** |  |  |
| **Buildings:** |  |  |
| **Life Assurance:** |  |  |
| **Medical:** |  |  |
| **Health Insurance, Critical Illness, any others:** |  |  |

\*The term partner does not relate to flat mates

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|  | **YOU**  | **PARTNER/HUSBAND/WIFE** |
| **Electricity per quarter** |  |  |
| **Gas** |  |  |
| **Mobile & land line**  |  |  |
| **Food** |  |  |
| **Water Rates** |  |  |
| **Clothing** |  |  |
| **Cleaner /home help** |  |  |
| **TV License and cable costs** |  |  |
| **Public Transport** |  |  |
| **Car Tax and Insurance** |  |  |
| **Type & Model of Car** |  |  |
| **Repair costs** |  |  |
| **MEDICAL COSTS:****NHS (include prescriptions etc.)** |  |  |
| **Ongoing treatments such as aromatherapy, osteopath, etc.** |  |  |
| **CHILDREN:****Child Care costs**  |  |  |
| **School fees, uniforms, tutors:** |  |  |
| **PROFESSIONAL COSTS:****Spotlight** |  |  |
| **Equity Subscription** |  |  |
| **Accountants** |  |  |
| **Other**  |  |  |

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|  | **YOU** | **PARTNER/HUSBAND/WIFE** |
| **BANK & OTHER ACCOUNTS****Current account** **(credit/debit; please tick accordingly)** |  |  |
| **Total of other accounts:** |  |  |
| **Do you have an *overdraft*, and if so, how much is it authorised for?**  |  |  |
| **Outstanding credit card debt or loans** |  |  |
| **How are you repaying this debt?** |  |  |
| **Do you have a Student Loans?**  |  |  |
| **Do you have any outstanding utility bills?** |  |  |
| **Sums owed to Inland Revenue:** |  |  |
| **Do you have a *County Court Judgment* or are you an Undischarged Bankrupt:** |  |  |
| **Have you entered in a *Voluntary Arrangement* with any creditors:** |  |  |

**YOUR ACADEMIC HISTORY:**

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| **GCSE’s, A & O Levels:** | **What year were these taken:** |
| **If you have any other qualifications through further education or university, please provide the name and grade name of the qualification e.g. Degree, BTEC, NVQ, the year and who funded it: yourself, your local LEA, privately:** |

**CURRENT COURSE APPLICATION**

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| **Name of College:** |
| **Address & tel no. of College:** |
| **NAME OF COURSE, as in prospectus:** |
| **Date when the Course starts:**  | **Have you been accepted onto the course:** |
| ***The ETC may be less likely to fund a course, which you have already started on; but you are still welcome to apply.*** |
| **Please state what QUALIFICATION will you finish with:** |
| **Is the course: Full Time** **[ ]  Part-time** **[ ]  Modular/weekends** **[ ]  Summer School** **[ ]  Short Course** **[ ]  Foundation year** **[ ]  Access Course** **[ ]** *Please note we don’t fund any overseas courses* |
| **How Long is the Course (in weeks/months/years):**  |
| **Do you see this course as leading to further study - such as a MA or Postgraduate Study or is it a means to an end?** |
| **How much are the fees per year £** **How much are you applying to us for?** |
| **Have you ever applied to the Equity Charitable Trust before for an education grant? If so, for what course and in what year?** |
| **Have you approached any other charities? If so, which ones?** |
| **Will these fees be met by YOURSELF** **[ ]  LOCAL EDUCATION AUTHORITY** **[ ]  FAMILY/FRIENDS** **[ ]  PRIVATE TRUST/CHARITY** **[ ]  AS YET, UNKNOWN** **[ ]**  |
| **Are eligible for a STUDENT LOAN** **[ ]  CAREER DEVELOPMENT LOAN** **[ ]  GOVERNMENT GRANT[ ]** **If you are, how much have you been awarded *(your College will have details on eligibility and how to apply.*** |

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| **MAINTENANCE: Please detail how you plan to support yourself while studying:** |
| **IN THE BELOW SPACE, OR ON A SEPARATE SHEET, EXPLAIN WHY YOU WISH TO DO THIS PARTICULAR COURSE. *Please type if possible; if not than use black ink.*** |

PRIVACY NOTICE

The Equity Charitable Trust takes your privacy seriously and will only use your personal data in order to process your application. If we are not able to help, we would wish to discuss in general terms your circumstances with other charities who may be better placed to help you. If you wish us to use your personal information, please ‘opt in’ by ticking the box, otherwise we cannot process your application. From time to time, we would like to alert you with news of events or workshops which may be of interest. If you wish to be contacted, please tick your preferred method of communication.

EMAIL □ POST □

**OPT IN □**

**DATA PROTECTION**

The sensitive details you have provided will be kept confidential. The Equity Charitable Trust will never sell your information or use it for any other purpose than in relation to your application.

I understand that the Equity Charitable Trust will hold my personal data and information, in either a hard copy or electronic form, for a maximum of six years at which point it will be destroyed.

The Equity Charitable Trust will only process your data for the purpose of this application and will not provide information to any third party for reasons others than those described above without your consent. If you wish to withdraw your consent, you may do so in writing to the Secretary at which point your data will be destroyed.

I therefore give my consent to the Equity Charitable Trust to process this information for the purposes of:

* My application being considered by the Education Committee
* The Equity Charitable Trust sending my application to other charities that may be able to assist me
* The Education Committee providing me with support

I CONFIRM:

**Signed**  ………………………………………. **Date**  ………………………………..

***Please note we’re unable to process your application without your signed consent***

***Please be sure to scan the signature page when returning the application by email, or alternatively post it to the Equity Charitable Trust, Plouviez House, 19-20 Hatton Place, London EC1N 8RU***

***We cannot proceed without record of your signature.***

**Application Check List:**

□ Include your current CV

□ Any supporting documentation such as references, doctor’s notes or grades

□ A strong personal statement