



Self-Declaration – Learner Support Funds

Learner name			
Date of Birth		Age on 1 st September 2024	
Student No.		Course Title	
confirm that my	household financial inco	ome has not changed since	academic year 22-23
am in financial n	eed of (Please tick the a	opropriate boxes):	
Travel Pass Travel - Mileage Course Fees			
Free Meals Kit / Uniform			
Childcare Trips			
Stationery			
Books			
Vulnerable Burs	ary 🗌		
	EHCP? Yes / No (Dele	earner Loan? Yes / No (De	еїете as арргорпате)
result in future p	ayments being stopped	and any incorrectly paid fu	ds to incorrect/overpayment may nds being recovered. This may result their family facing prosecution
, , ,	ocument, I confirm I hav available online at <u>https</u>	•	ee to the terms and conditions of this
		to someone on your behalf irm their name and relatior	regarding your learner support funds aship below.
Name:		Relationship:	
Signed (Learner)	:		
Date:			
Received by:			
Date:			