

## Care Experience Form

This form can be used as an alternative form of evidence for determining eligibility for the FE Care-Experienced Bursary maintenance award for students. Please complete Sections A, B and C of the form yourself and ask a professional person to complete Section D. A professional person can be someone from the Local Authority by whom you were looked after; Support/Social Worker, Doctor, Nurse, Lawyer, Solicitor, College/University Student Adviser, Teacher, Nursery Teacher, Notary Public, Counsellor, Police Officer, Minister of Religion or Family Mediation Worker. If you are unable to provide confirmation from a professional person, please tell us why in Section B. Once completed please return to the college's Student Support Department.

### Section A - Student details

Student name

[Click here to enter text.](#)

Date of birth (DD/MM/YYYY)

[Click here to enter text.](#)

Student ID

[Click here to enter text.](#)

### Section B - Care Experience details

Please tick what Care Provision applies to you:

- Adopted after a period of being looked after by a Local Authority
- Foster Care
- Kinship care (arranged by Local Authority)
- Residential care
- Looked after at home
- Other – please give details below:

[Click here to enter text.](#)

What age were you when your first period of care started?

[Click here to enter text.](#)

What age were you when your last period of care ended? If not stopped, please enter "ongoing".

[Click here to enter text.](#)

Have you provided confirmation of your care experience from a professional person in Section D?

Yes  No

If no, please briefly explain why:

[Click here to enter text.](#)

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## Section C - Student declaration

We will use the information you have provided in this form for the purpose of processing this claim. Information on how we collect, hold and process your information can be found on our Student Support Funds Privacy Statement. We have a duty to appropriately manage public funds and we will use the information provided on this form for the prevention, detection, investigation and reporting of fraud. We will share this information with other bodies for these purposes.

By signing and submitting this form you are confirming that:

- All the information I have provided on this form is complete and accurate, to the best of my knowledge and belief.
- I will provide the college with any additional information or documentation it may request to enable the college to process my funding application.
- I understand that if I provide the college with false, incorrect or incomplete information or my conduct is otherwise unsatisfactory, the college may withdraw my funding, I may be prosecuted and I will be required to repay any sums of funding received which I am not entitled to.
- I will repay any amount which I have received, or had paid on my behalf, which is more than the award that was due to me.
- I understand the information I have provided will be used for the prevention and detection of crime and I understand the college will share this information with other bodies for these purposes.

**I declare, to the best of my knowledge and belief, that the information I have provided on this form is complete and accurate.**

Signature

*Click here to enter text.*

Date

*Click here to enter a date.*

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## Section D - Declaration of professional person

This section must be completed by a professional person who can verify the nature of your care arrangements (Support/Social Worker, Doctor, Nurse, Lawyer, Solicitor, College/University Student Adviser, Teacher, Nursery Teacher, Notary Public, Counsellor, Police Officer, Minister of Religion or Family Mediation Worker).

By completing and signing this form, I am confirming that I know the student named above and that the information in Section B is correct.

Full name

*Click here to enter text.*

Occupation/Job title

*Click here to enter text.*

Relationship to student/  
capacity student known to you

*Click here to enter text.*

Name and address of employer

*Click here to enter text.*

Work telephone number/  
employer telephone number

*Click here to enter text.*

Work email address/  
employer email address

*Click here to enter text.*

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To the best of my knowledge and belief, the information provided by the student in Sections A and B and the information I have provided in Section D is complete and accurate, and I understand the college may contact me if they require further information.

Signature of professional person

*Click here to enter text.*

Date

*Click here to enter a date.*