

| Date application received: | Authorisation: |
|----------------------------|----------------|
| Date application received. | Autionsation. |
| | |
| | |
| | |
| | |
| | |
| | |

ACADEMIC YEAR 2024 / 2025

APPLICATION FOR UNIVERSITY OF KENT SUPPORT FOR YOUNG ADULT CARERS

Young Adult Carers are individuals between the ages of 18 & 25 who provide unpaid support or look after a family member, partner or friend who needs help because of their age, physical or mental illness, or disability.

The support is aimed at providing help in areas identified as being of concern to these young people.

- A one-off £600 cash bursary towards the costs of starting life at University.
- A one-off payment of £100 towards graduation costs for students who attend their graduation ceremony (evidence of booking confirmation in year of graduation required).

You may apply for the support package if you meet the following criteria:

- You are a new, undergraduate student at the University of Kent
- You are under 25 years of age
- You are a UK home fee paying student who cares for or look after a family member, friend or other individual, due to disability, chronic or terminal illness, mental health difficulty or drug/alcohol dependency or another reason
- You can provide written evidence that you have caring responsibilities. This can be either
 evidence that you were in receipt of carers allowance immediately before you became a
 full time student or a letter from a doctor confirming that you have the responsibility of
 caring for someone who needs help because of their age, physical or mental illness, or
 disability.

| Name (in full) | Student ID No. (UoK) |
|----------------|----------------------|
| Address (term) | Telephone No. |
| | Email (UoK) |

Please tick box if you agree with the following statement:

| I was under 25 years of age at 01 September 2024 | |
|--|--|
| I currently have caring responsibilities for a family member, friend or other individual | |
| I can provide the required evidence of my caring responsibilities | |

| Please confirm the dates you were in receipt of carers allowance (if applicable): | | | | |
|---|--|------------------------------------|---|--|
| From: | То: | | | |
| Please tick | the relevant box to show which evidence ha | s been provided: | | |
| | of 3 months bank statements showing the care before the start of my course | ers allowance being paid in | | |
| <u>OR</u> | | | | |
| | a doctor confirming that you have the responsi ility or chronic medical condition | bility of caring for someone | | |
| STUDENT [| DECLARATION: | | | |
| | e that the information that I have given on this formy knowledge. | orm is correct and complete to the | € | |
| Signed Student | | Date | | |
| Print name | | | | |

In order for us to determine your eligibility for this support, please fill in this form and email it, along with all supporting evidence, to FinancialAid@kent.ac.uk

PLEASE NOTE: If the evidence provided with your application is insufficient then a request will be made for additional backup information. Support will not be granted until all relevant documentation has been received and agreed.

PAYMENT

Payment will be made directly into your bank account. Please complete and sign the attached Electronic Transfer Form so that the University can make the payment to you.

Dear Student

Payment by Electronic Transfer

The University of Kent's preferred payment method in relation to Hardship Funds is via Electronic Transfer.

Please could you complete your personal and bank account details below and submit it to the Financial Aid Office with your application.

If your bank details change during the academic year you will need to go to the Financial Aid Office and complete a new form.

| Full Name (as it appears on your Bank Account) |
|---|
| Kent Student ID No |
| Contact Phone No |
| Bank Account Number |
| Sort Code |
| Bank Account Reference (if applicable) |
| |
| I confirm that the information I have given on this form is correct and complete to the best of my knowledge. |
| I understand that it is my responsibility to make sure that the bank details are correct and up to date so that I can receive payments from the University. |
| |
| Student signature Date |
| |

Confidentiality

This form will be viewed by the Students' Union Advisers, Student Services, Financial Aid Office, Congregations & the University Payments Office. This form will be destroyed in accordance with our data retention policy.

Data Protection Law

The University of Kent is a data controller in terms of Data Protection Law. The Students' Union Advisers, Student Services, Financial Aid Office, Congregations & the University Payments Office all follow the University's policy in matters of data protection. The data requested in this form is covered by the notification provided by the University to the Information Commissioner. Personal data can be used solely for making a payment.

The data will not be passed to any other third party without your consent, except when the University is required to do so by law. For more information on Data Protection at Kent please see our website www.kent.ac.uk/infocompliance/