



# Further Education Travel Assistance Application 2019/20

Please read the attached notes for information before completing this form.

Please answer **ALL** questions, marking any questions not relevant with not applicable (n/a).

When complete, return form and proof to: **FE Travel, Education, Care and Health Services,  
London Borough of Bromley, Civic Centre,  
Stockwell Close, Bromley BR1 3UH**

## Student Details

Name:

Address:

Date of Birth: Day  Month  Year

Age on 31 August 2019:

National Insurance Number:

Reason for not providing NI number:

Address at which you will be/were resident on 31 August 2019

Previous address/es during the last three years

## Parents Full Names and Addresses:

Father:

Mother:

<b>Education Details</b>			
Name and Address of School(s)/College(s) attended since age 11	Courses (e.g. GCSE)	From	To

**Name and Address of College where you intend to pursue your Post 16 Studies**

Is the course full time? Yes  No

<b>Title of Course</b>	<b>Qualification</b>	<b>Number of days per week in attendance</b>

Start date of Course

End Date of Course

If you are **not** attending the first year of the course in 2019/20 please give details of the year you will be entering

**Travel Details**

Please indicate below how you intend to travel between your home address and College

**Mode of Transport:** Train  Bus  Other

**NB:** Travel is paid by the cheapest reasonable means using a student discount and season ticket rates where applicable.

Please provide details of the following costs:

Standard Daily Fare	Weekly Fare	Monthly Fare	Quarterly Fare
£	£	£	£

**Declaration**

- I declare that the information given on this form is correct to the best of my knowledge and promise to inform Education, Care and Health Services of any changes in circumstances.
- I understand that Education, Care and Health Services reserves the right to check any information that I have supplied and make any necessary enquiries and amendments.
- I agree to repay the Authority any amounts as may be decided by the Authority to have been paid, for whatever reason, in excess of the correct value of the award.

**WARNING**

Under the Theft Act 1968, a person who by deception dishonestly obtains or attempts to obtain an Award for him(her)self or for some other person, renders him(her)self liable to criminal charges. Please note all information provided on this form may be passed to other relevant agencies for the purpose of detecting fraud.

Signature of Student

Date

Signature of Parent/Legal Guardian

Date

Return completed form and proof to:  
**FE Travel, Education, Care and Health Services,  
 London Borough of Bromley,  
 Civic Centre,  
 Stockwell Close,  
 Bromley BR1 3UH**

**FOR OFFICE USE ONLY**

Date form received

Date form checked

Is the form:

complete

incomplete

No signature

Missing documents

**Documents Needed**

IS

JSA(IB)/ESA(IB)

Working Tax credit

HB

CTC

Child Benefit

Letter sent

Initials

Applications approved

Initials

Autumn cheque sent

Date:

Amount:

Chq No:

Spring cheque sent

Date:

Amount:

Chq No:

Summer cheque sent

Date:

Amount:

Chq No: