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.

Please tick box if you agree with the following statement:

- I was under 25 years of age at 01 September 2019
- 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):

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Please tick the relevant box to show which evidence has been provided:

- A photocopy of 3 months bank statements showing the carers allowance being paid in immediately before the start of my course
  - [ ]

  OR

- A letter from a doctor confirming that you have the responsibility of caring for someone with a disability or chronic medical condition
  - [ ]

STUDENT DECLARATION:

- I declare that the information that I have given on this form is correct and complete to the best of my knowledge.

Signed  
Student

Print name

Date

In order for us to determine your eligibility for this support, please fill in this form and return it to:

Financial Aid Office  
G43 Registry  
University of Kent  
Canterbury  
Kent CT2 7NZ

01227 823488/4876/3851  
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 / Medway Finance Office with your application.

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

First Name _______________________________________________

Last Name _______________________________________________

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 only be viewed by the Students’ Union Advisers, Financial Aid Office, Medway Finance Office & 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, Financial Aid Office, Medway Finance Office & 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/](http://www.kent.ac.uk/infocompliance/)