UHI

Certificate of Care Experience

Form UHIFEC8

This form is used to determine eligibility for the Care Experience FE Bursary Maintenance Award. Please complete sections A, B and C and ask a professional person to fill in part D of the form.

Section A

Student Name

Date of Birth (dd/mm/yy)

Student ID

Section B

Please tell us what Care Provision applies to you

Please ✓ which is appropriate

Adopted after a period of being looked after by a local authority ❑

Foster Care ❑

Compulsory Supervision Order with no condition of residence (Looked after at home) ❑

Compulsory Supervision Order with a condition of residence (Looked after away from home) ❑

- Been through the Children's Hearing system and is subject to a Compulsory Supervision Order with a condition of residence

- As subject to an order made or authorisation or warrant granted by virtue of Chapter 2,3 or 4 of Part II of the Children (Scotland) Act 1995

- As being provided with accommodation under Section 25 (a voluntary agreement)

- As placed by a local authority which has made a permanence order under Section 80 of the Adoption and Children (Scotland) Act 2007

Formal Kinship Care – arranged or approved by Local Authority before the carers take on full legal parental rights and responsibilities (under the Looked After Children (Scotland) Regulations 2009) ❑

Where any of the above Care Experience categories are ticked, the signatory in section D **must** be from the Local Authority Social Work department or organisation which has a formal record of the care order.

Informal Kinship Care – no Local Authority involvement ❑

Where Informal Kinship care is ticked, the signatory in section D **must** give details of the nature of the kinship care relationship. This category is not eligible for the Care Experience Bursary but **may** be considered for the Self-Supporting Maintenance Bursary where estrangement from parents is established.

What age were you when your first period of care started

What age were you when your first period of care ended, if not stopped, please enter "ongoing"

Section C   Student/Applicant Declaration

We will use the information you have given us 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 you have given on this form is complete and accurate, to the best of your knowledge and belief.
- You will give us any additional information or documents we may request to enable us to process your funding application.
- You understand if you give us false, incorrect or incomplete information or your conduct is otherwise unsatisfactory, we may withdraw your funding and you will be required to repay all monies which you are not entitled to.
- You understand the information you have provided will be used for the prevention and detection of crime and understand we will share this information with other bodies for these purposes.

Therefore, I declare, to the best of my knowledge and belief, the details I have given on this form are full and accurate.

Signature

Date (dd/mm/yy)

Section D   Declaration of Local Authority Social Work Department Staff or for Informal Kinship care, one of the following Professional persons formally supporting the student/ applicant: Support worker, doctor, nurse, solicitor, teacher, notary public, counsellor, police officer, minister of religion or family mediation worker).

This section must be completed by a professional person who can verify from records/documentation held within their organisation, the nature of care arrangements both on this form and on any subsequent additional information requested for processing of Further Education Funding application.

Full Name

Position within the Organisation

Organisation Name and Address

Organisation Contact Phone Number

Organisation Contact email

Informal Kinship Care details when applying under this criteria

Signature of professional

Date (dd/mm/yy)