

DLS FUND APPLICATION

Medway Adult Education
Discretionary Learner Support (DLS) 2023-2024
(For learners aged 19 and over)

DOC ID: OpQA37 Author: Helen Robinson Approved by: Priya Hurkoo Issue date: 21/11/2022

ADULT PRIORITIES FOR FUNDING

Discretionary Learner Support is provided to support learners with a specific need that could prevent them participating in learning. Before making an award, financial hardship will need to be identified. DLS can be claimed to reimburse travel to the course, childcare while you learn, course resources such as books and stationery (all receipts will be required to be submitted to the Admin Team), and exam fees and in exceptional circumstances tuition fees.

The budget for Discretionary Learning Support is limited; learners who are eligible for support are not automatically entitled to it.

Please send the completed form and evidence to:

The Admin Team – Rochester Adult Education Centre, Eastgate, Rochester Kent ME1 1EW or Medway Learning and Skills Hub, Britton Farm Street, Gillingham, ME7 1GX

Title (Mr/Mrs/etc): First name:		Surname	-		
All					
Address		Postcode:			
		Tel no:			
		Date of birth:			
		Email:			
		Laaman Na			
		Learner No:			
Full course code:		Course Title:			
Has the student already applied for DLS funding in the current academic year? Yes No					
If yes please indicate course/s:					
Full course code:	DLS fund granted £				
Full course code:	DLS fund granted £				
Do you or your family receive one of the following benefits? We are unable to consider applications without evidence.					
Type of benefit	Required Evidence	9		_	
Universal Credit	Current award letter/JCP Evidence Yes		Yes	No	
JSA	Current award letter /JCP Evidence Yes		Yes _	No	
ESA (WRAG)	Current award letter/JCP Evidence Yes			_ No	
Working tax credit	Current award letter Yes		Yes _	No	
Income support	Current award letter Yes No			No	
Or you are not receiving benefits but you are eligible for a low wage concession.					
annual gross salary is less than £20,319 Pay slip/P60 Yes No					No
Or if you are claiming another state benefit and have provided proof of take home pay					
Take home pay (excluding benefit payments) is less than £617 the sole adult in the benefit claim, or £988 if the claim is with a					
partner	Bank Statement			Yes	No
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DLS 19+ Hardship Fund – Means	s Tested	
Course Cost (£)	Original Cost (£)	DLS Awarded
EXAM COST / TUITION COST		
(In exceptional circumstances)		
TRANSPORT to / from centre by bus		
Medway day: Maximum £6.70 If travelling outside of Medway		
Kent day ticket £8.90		
FUEL COSTS		
Please supply postcodes - to and from		
If travelling by taxi please provide receipt		
Parking, please provide tickets CHILDCARE COSTS PER SESSION		
Please specify childcare provider and		
complete childcare agreement		
	Childcare 20+	
Childcare funding can only	be paid to Childcare Pro	viders who are <u>Ofsted Registered</u>
At least 80% of the course must have been a	attended. Please give evidence t	that you receive Child Benefit or Child Tax Credits.
Child's name	Date of Birth	Childcare provider (crèche, nursery etc)
		Communication provides (consequences)
	L	
Child's name	Date of Birth	Childcare provider (crèche, nursery etc)
Full name and address of Childcare Provider	:	
	No of woo	ske required Total cost (C)
		eks required Total cost (£) Total cost
	•	plete forms will NOT be accepted. You must
provide the follo	wing evidence of costs applie	ed for e.g. Childcare, Travel etc.
Discretionary Learning Award T	erms & Conditions	
All learners:		
Will only be paid for travel for classes	s attended face to face	
		ssions. If you have a valid reason for your attendance
·		for review (this does not guarantee payment)
•		social or financial circumstances during the course.
 Must submit crèche invoices, bus tic not be paid. 	kets, train tickets, car parking tid	ckets by no later than 31st August 2023 or these will
Self-Declaration		
I declare that the information recorded on this	document is correct and that La	m in receipt of the qualifying benefit
		The state of the qualitying benefit.
Name <u>:</u>	Signatur	r <u>e:</u> Date <u>:</u>
Authorisation of Funding		
Budget Support Approval:	Signature:	Date:
<u> </u>		
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This is a controlled document. ALL changes MUST be authorized.