

HIGHER EDUCATION GRANT Continuation Form

All information on this form will be treated in confidence.



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1. APPLICANT'S DETAILS:

Full Name:	Tel No:
Address:	Mobile No:
	Email 1:
	Email 2:
Postcode:	Preferred method of contact:
Date of Birth:	
Student Support Number:	
UCAS number:	
University or College:	
Course:	
Course Year:	

2. APPLICANT'S DECLARATION

- I understand that all personal information on this form will be confidential to the professional and administrative staff of The Police Children's Charity and no personal information will be shared without my express consent unless required to do so by law.
- In order to provide the best possible levels of service, updates or other information I agree to The Police Children's Charity contacting me using the details I have provided.

I am the person making the application for a benefit. I certify that the information given in this application is, to the best of my knowledge and belief correct and that should any over-payment be made that this will be repaid without undue delay.

Signature: **Date:**

Print name:

3. TO BE COMPLETED BY HIGHER EDUCATION ESTABLISHMENT

This is to certify that: (name)	Official Stamp:
Is undertaking a course at: (name of establishment)	
Expected graduation date:	
Signed:	
Name in full:	
Position:	
Tel No:	
Email:	

