



Orkney College

Further Education Application for Waiver of Part-Time Fees 2018-19

Student Details	Student Number	<input type="text"/>
	Full Name	<input type="text"/>
	Course Title	<input type="text"/>

Mandatory Criteria	All of these conditions must be satisfied to be eligible for a Fee Waiver. You must submit your Fee Waiver Application before you have completed 25% of the duration of your course.		
	Are Studying Part-Time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are you studying a Further Education Course?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Do you currently live at an address in Scotland?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

One of the conditions listed below must be satisfied for you to be eligible for a Fee Waiver. You must be in receipt of benefit on the date your course commences.

We require photocopied proof that you meet one of the conditions listed below
 (If you do not have a document that provides proof please get the Benefits Agency or Local Authority to complete the section on the reverse of this form).

Other Criteria (At least one of these must be ticked)	A Evidence of your or your family being in receipt of:			
	Income Support	F23	<input type="checkbox"/>	
	Working Tax Credit	F40	<input type="checkbox"/>	
	Pension Credit	F39	<input type="checkbox"/>	
	Income Based Job Seeker's Allowance	F44	<input type="checkbox"/>	
	Income Related Employment and Support Allowance (ESA)	F47	<input type="checkbox"/>	
	Housing Benefit	F30	<input type="checkbox"/>	
	Universal Credit	F53	<input type="checkbox"/>	
	B Evidence of you being in receipt of:			
	Carer's Allowance, Carer's Allowance Supplement or the Young Carer's Grant (or have an 'underlying entitlement' to CA but have given it up to claim another benefit),	F37	<input type="checkbox"/>	
	Disability Living Allowance	F38	<input type="checkbox"/>	
	Incapacity Benefit	F28	<input type="checkbox"/>	
	Attendance Allowance	F43	<input type="checkbox"/>	
	Contributory Employment & Support Allowance (or ESA ended but still entitled to NI credits for incapacity)	F47	<input type="checkbox"/>	
	Personal Independence Payment	F52	<input type="checkbox"/>	
C The taxable income of your family in the previous financial tax year (2017-18) is equivalent to or lower than the threshold below:				
Households with only one person:	£8,282	F24	<input type="checkbox"/>	
Households consisting of a couple without children:	£12,395	F24	<input type="checkbox"/>	
Households with dependent children:	£18,977	F24	<input type="checkbox"/>	
(Where there's been a material reduction in income from the previous tax year, the taxable income in the current tax year can be assessed)				
D You are an Asylum Seeker living in Scotland (or their spouse or child) (as defined in Section 18 of the Nationality, Immigration and Asylum Act 2002)			F49	<input type="checkbox"/>
E You are under 26 and care experienced. (Defined as looked after and in the care of the local authority, can include living in a foster home, children's home, residential home, in kinship care or the care of the local authority in town home).			F48	<input type="checkbox"/>

Student's Signature: **Date:**

Please remember to attach the evidence required. Without it we cannot process your application

Return this form to Reception, Orkney College UHI, East Road, Kirkwall, KW15 1LX

Confirmation of Receipt of Benefit from Benefits Agency / Local Authority

This section only needs to be completed if you do not have any other official document that proves that you are receiving benefit.

Student Details	Student Number	<input type="text"/>
	Student's Surname	<input type="text"/>
	Student's Forename(s)	<input type="text"/>
	Student's Date Of Birth	<input type="text"/>

Official Confirmation of Receipt of Benefit	I confirm that the applicant, falls within at least one of the categories detailed on Page 1.	
	Name (Please use block capitals)	<input type="text"/>
	Job Title	<input type="text"/>
	Benefit(s) Received	<input type="text"/>
	Start Date of Benefit(s)	<input type="text"/>
	End Date of Benefit(s)	<input type="text"/>
	Signature	<input type="text"/>
	Date	<input type="text"/>
	Benefit Office / Local Authority Official Stamp	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>

Office use Only	Evidence checked and satisfied to be eligible for a Fee Waiver. (To be signed by two Orkney College UHI staff members)	
	Student SCJ Number	<input type="text"/>
	Staff Signature	<input type="text"/> <i>Date</i>
	Staff Signature	<input type="text"/> <i>Date</i>