

## Care Leavers Bursary Form 2024/25

**Please return to:**  
 Student Support Team  
 Student Services  
 Edge Hill University  
 St Helens Road  
 Ormskirk,  
 L39 4QP



**Edge Hill  
 University**

[StudentSupportTeam@edgehill.ac.uk](mailto:StudentSupportTeam@edgehill.ac.uk)

**By signing below, I confirm that I am currently in local authority care.**

<b>Full name</b>			<b>Student ID</b>	
<b>Your contact details</b>	<b>Telephone number</b>			
	<b>Email address</b>			
	<b>University email address</b>			
<b>Your course title</b>				
<b>Year of Entry</b>			<b>Current year (e.g., Year 1 of 3)</b>	
<b>Are you repeating the year?</b>				
<b>Please provide details of a member of staff at your local authority who can confirm you are leaving care or an estranged student (e.g. Social Worker / Personal Adviser or evidence of your estranged status):</b>				
<b>Name</b>		<b>Job Title</b>		<b>Local Authority</b>
<b>Contact telephone number</b>			<b>Contact email address</b>	
<b>It may be necessary for us to contact your local authority/named contact to check these details. Do we have your permission to do this? Y/N</b>				
<b>Your Social Worker or Link person from the local authority may need to contact us for information. Do we have permission to share this? Y/N</b>				
<b>Student Signature</b>			<b>Date</b>	
<b>Student Support Team Staff Signature</b>			<b>Date</b>	