# Edge Hill University logoCare Leavers Bursary Form 2024/25

**Please return to:**

Student Support Team

Student Services

Edge Hill University

St Helens Road

Ormskirk,

L39 4QP

StudentSupportTeam@edgehill.ac.uk

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

| **Full name** | Click or tap here to enter text. | **Student ID** | Click or tap here to enter text. |
| --- | --- | --- | --- |
| **Your contact details** | **Telephone number** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |
| **University email address** | Click or tap here to enter text. |
| **Your course title** | Click or tap here to enter text. |
| **Year of Entry** | Click or tap here to enter text. | **Current year** **(e.g., Year 1 of 3)** | Click or tap here to enter text. |
| **Are you repeating the year?** | Choose an item. |
| **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):**  |
| **Name**Click or tap here to enter text. | **Job** **Title**Click or tap here to enter text. | **Local** **Authority**Click or tap here to enter text. |
| **Contact** **telephone** **number**Click or tap here to enter text. | **Contact** **email** **address**Click or tap here to enter text. |
| **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?** Choose an item. |
| **Your Social Worker or Link person from the local authority may need to contact us for information. Do we have permission to share this?** Choose an item. |
| **Student** **Signature** |  | **Date** | Click or tap to enter a date. |
| **Student Support Team Staff****Signature** |   | **Date** | Click or tap to enter a date. |