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## Application for a Greenwich Hospital Bursary 2019/20

Please return to University of Portsmouth Student Finance Centre by 21 November 2019

### NOTES

Please provide photocopies of supporting financial documentation for all figures entered on the form. Originals of all documents must be supplied if requested.

Please ensure you declare all sources of income and all assets, even if the form does not specifically ask for them.

If you have any questions about completing this form, please contact the University of Portsmouth Student Finance Centre on the number or email above.

You will receive an email confirming receipt of this application. If you have not received this within two weeks of submitting, please contact the Student Finance Centre. Please note that emails will be sent to your **University email address** if you have one.

**Answer all the questions by printing clearly in black ink or by ticking the appropriate boxes.**

### Part 1: Personal details

1. Student registration number

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2. Title (Mr, Ms, Mrs, Miss, Other)

3. First name(s) in full

4. Surname in full

5. Date of birth

6. Term-time address in full

Postcode

7. Home address in full (if different)

Postcode

8. Telephone number

9. eMail address

10. Marital status

11. Do you have any children **who live with you** and who are financially dependent on you?

YES   NO
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▶ If yes, please give details below for each child

Full name	Date of Birth

12. Course title

13. What year are you in?

▶ The year of your course, not the number of years you have been studying

### Part 2: Seafaring background

#### Eligibility for a Greenwich Hospital Bursary:

- Former members of the Royal Navy and Royal Marines
- Children of serving or retired personnel of the Royal Navy and Royal Marines

In all cases, documentary evidence of a minimum of three years' eligible seafaring service is required.

Please state the seafarer's eligibility

Full name of seafarer	Rank and official number	Service	Dates of service	Date of death (if applicable)
		ROYAL NAVY   ROYAL MARINES		

#### ▶ Copies of the following documents should be enclosed:

- Serving or retired non-commissioned ranks in RN or RM should supply their Service Certificate
- Serving RN or RM officers should supply a letter from their personnel section stating length of service
- Retired RN or RM officers should supply retirement documentation showing length of service

### Part 3: Your income

	You	Spouse	
Maintenance Loan	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Please enclose a copy of your student finance award letter
Maintenance or Special Support Grant	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Evidence as for Maintenance Loan
University of Portsmouth Bursary	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Include a copy of your award letter if you have it
NHS/Social Work/PGCE Bursary	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Please enclose your award letter or email
Childcare Grant	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Please enclose a copy of your most recent award notification
Parent's Learning Allowance	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Evidence as for Maintenance Loan
Adult Dependant's Grant	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Evidence as for Maintenance Loan
Gross earnings as an employee for the Year 2018/19	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Please enclose your P60 and latest March pay slip
Income tax	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Please enclose your P60 and latest March pay slip
NI Contributions	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Please enclose your P60 and latest March pay slip
Redundancy payments received this year	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Please enclose your Income Tax schedule
Income support/Jobseeker's allowance/Universal Credit	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Please enclose a copy of your most recent award letter
Employment Support allowance per week	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Please enclose a copy of your most recent award letter
Widow/er's benefit per week	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Please enclose a copy of your most recent award letter
Other benefit(s) (please specify below)	<input type="text" value="£"/>	<input type="text" value="£"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	▶ Please enclose a copy of your most recent award letter(s)

Child Benefit	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Please enclose a copy of your most recent award letter
Child Tax Credit	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Please enclose a copy of your most recent award letter
Working Tax Credit	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Please enclose a copy of your most recent award letter
Maintenance / other payments	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Please enclose a copy of your court order
Income from property (inc lodgers) for financial year 2018/19	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Please enclose a copy of your tax return for the year ending 2018/19
Income from any other source (eg any charity, relation or trust fund). Please give details below. for financial year 2018/19	£	£	
<input type="text"/>	<input type="text"/>	<input type="text"/>	▶ Please enclose a copy of your tax return for the year ending 2018/19
Windfalls and inheritance	<input type="text" value="£"/>	<input type="text" value="£"/>	▶ Please enclose a copy of your Income Tax schedule
Other Please give details below. for financial year 2018/19	£	£	
<input type="text"/>	<input type="text"/>	<input type="text"/>	▶ Please enclose any relevant documentary evidence

**Part 4: Investments & Assets (including current accounts)**

Balances should be shown as at end of March 2019. If in joint name, please enter in student's column. Please enclose annual statements and tax returns.

	You	Spouse
Building society account(s) – total balance	<input type="text" value="£"/>	<input type="text" value="£"/>
Bank account(s) – total balance	<input type="text" value="£"/>	<input type="text" value="£"/>
National Savings account(s) / certificate(s) / bond(s) – total balance	<input type="text" value="£"/>	<input type="text" value="£"/>
ISA, PEPS – total balance	<input type="text" value="£"/>	<input type="text" value="£"/>
Premium Bonds – value held	<input type="text" value="£"/>	<input type="text" value="£"/>
Premium Bonds - winnings	<input type="text" value="£"/>	<input type="text" value="£"/>
Stock Market investments (including Government Stock) – total balance	<input type="text" value="£"/>	<input type="text" value="£"/>
Trust funds – total balance	<input type="text" value="£"/>	<input type="text" value="£"/>
Offshore investments – total balance	<input type="text" value="£"/>	<input type="text" value="£"/>
Other (please specify)	£	£
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Part 5: Property

To be completed by all students who have a mortgage on the property entered in Part 1.

	Main property	Other property
Address of property	<input type="text"/>	<input type="text"/>
Current value of property	£ <input type="text"/>	£ <input type="text"/>
Mortgage(s) outstanding	£ <input type="text"/>	£ <input type="text"/>

## Part 6: Bank / building society details

Name of bank or building society	<input type="text"/>	<b>Office use only</b>	
Sort Code	<input type="text"/>	Verified by	<input type="text"/>
Account number	<input type="text"/>	Date	<input type="text"/>

## Part 7: Statement of need

Please specify why you need an educational bursary and how, if awarded, this will benefit your studies. Please include any special circumstances such as: serious family illness or disability, relationship breakdown, domestic difficulties which we should take into consideration when awarding the bursary. All additional sheets attached to this Statement of Need must contain the words "This is a truthful statement of my/our circumstances and charitable need." It must be signed by all parties concerned.

## Part 8: Declaration - student

### Terms and conditions

- 1 Bursaries are awarded at the discretion of the director of Greenwich Hospital, whose decision is final. Greenwich Hospital reserves the right to award or withhold bursaries in the light of your individual circumstances and the availability of charitable funding at the time.
- 2 Once you have been awarded a bursary, Greenwich Hospital will review all awards annually, subject to financial need and academic performance.
- 3 Greenwich Hospital reserves the right to withhold or withdraw a bursary if you fail to provide information required for the assessment, or should evidence emerge of undisclosed sources of income, capital or other relevant information.
- 4 Failure to complete the declaration and provide full documentary evidence will disqualify you from the award of a Greenwich Hospital bursary.
- 5 By making this declaration you agree that Greenwich Hospital may carry out checks on the validity of any information you have supplied, including home visits by Greenwich Hospital caseworkers or other staff.

## Greenwich Hospital Privacy Notice

### Introduction

Greenwich Hospital is a data controller under GDPR and is responsible for determining what data is collected and how it is used. For the purposes of this bursary assessment, the data controller's representative is John Gamp, who is based at 1 Farringdon Street London EC4M 7LG. Data Protection enquiries should be addressed to Greenwich Hospital's Governance and Compliance Manager who is based at 1 Farringdon Street London EC4M 7LG. Emails should be sent to [enquiries@grenhosp.org.uk](mailto:enquiries@grenhosp.org.uk).

### Data Collection

We need to know the data requested on this form in order to assess your eligibility for a bursary for tertiary education. If you do not provide this information we will be unable to carry out an assessment or award you a bursary. We will not collect any personal data from you that we do not need in order to provide and administer your bursary application.

### Use of Data

All the personal data we hold about you will be processed by our staff in the United Kingdom. Please be aware that your information is stored securely on a cloud-based system, with servers based within the United Kingdom and in hard copy kept securely at properties owned by Greenwich Hospital within the UK. We will take all reasonable steps to ensure that your personal data is processed securely and more information on this can be found in our Data Protection Policy on our website.

### How long we keep your data

We will generally keep your personal data both in paper and electronic form for a minimum of six years after your bursary has finished. After this time it will be destroyed unless your family receives any other support from Greenwich Hospital.

### Who we may share your data with:

- Charities that may be able to offer you assistance with your consent
- Government agencies if requested for a legal reason
- Greenwich Hospital's IT providers and consultants.

**What are your rights?**

If at any point you believe the information we process on you is incorrect you can request to see this information and even have it corrected or deleted. If you wish to raise a complaint on how we handled your personal data you can contact our Governance and Compliance Manager who will investigate the matter. If you are not satisfied with our response or believe we are processing your personal data not in accordance with the law you can complain to the Information Commissioner’s Office (ICO).

**Offers**

We would like to send you information about any other Greenwich Hospital awards and assistance for which you may be eligible. If you are happy for us to contact you by post or email for this purpose please tick the relevant boxes.

- Email       Post       Telephone

YOUR CONSENT:  
  
I agree to my data being used in this manner.  
  
Signed:  
  
Dated:

**Data Protection Act 2018**

The University of Portsmouth is a data controller in terms of the 2018 legislation. The Student Finance Centre follows University policy in matters of data protection. The data requested in this form is required to allow staff in the Student Finance Centre to consider your eligibility for help from this Fund. We believe that it is necessary to process the data we have requested in order to perform the contract you enter into when applying. We will use the contact details you give here to inform you of the outcome of your application and also to pass on any information we believe will be useful to you. Your data will not be passed to any third party without your consent, except when the University is required to do so by law. All data concerned with this application will be kept for six years from the date of your last award or from the last application submission if unsuccessful. We will anonymise your data as soon as we are able and then will use that anonymised data for statistical purposes. Any formal enquiries concerning the use of data noted here should be addressed in the first instance to the Head of Student Finance Centre (rachael.lyons@port.ac.uk or 023 9284 3413) or alternatively you may contact the University’s Data Protection Officer on information-matters@port.ac.uk or 02392 843642. For further information on how the University processes your data, and your rights in respect of your data, please see the University’s data protection statement at <http://policies.docstore.port.ac.uk/policy-105.pdf>.

I declare that :

The information supplied in this application is a truthful statement of my seafaring connection, total assets, income from all sources.

The statement of need is a truthful statement of my personal circumstances and charitable need.

I undertake to notify Greenwich Hospital of any changes which may affect the information declared on this form.

I have read and understood the Terms and Conditions set out above.

I have read and understood the above statement about Data Protection.

(please tick all above)

I make this declaration conscientiously, believing the same to be true.

Your signature

Name (in capitals)

Date

**Please return this form and all required evidence to:**

Student Finance Centre  
University of Portsmouth  
Nuffield Centre  
St Michael’s Road  
Portsmouth  
PO1 2ED