



Personal Details

Please provide, with this completed form, a letter from the local authority/support organisation that confirms a minimum of 13 weeks spent in Local Authority Care since the age of 14 and were in Care on or after their 16th birthday.

By signing below, I confirm that I have been in local authority care, as above.

Your name (in full)	<input type="text"/>
Student ID number (if known)	<input type="text"/>
Date of birth	<input type="text"/>
Telephone number/Mobile number	<input type="text"/>
E-mail address	<input type="text"/>
Course	<input type="text"/>

Local Authority Details

Please provide details of a member of staff at your Local Authority who can confirm that you are leaving care:

Name	<input type="text"/>
Job Title	<input type="text"/>
Local Authority	<input type="text"/>
Contact telephone number	<input type="text"/>
Contact email address	<input type="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?

Your Social Worker or Link person from the local authority may need to contact us for information.
Do we have permission to share this?

Signature

Your signature	Date
<input type="text"/>	<input type="text"/>

Student Funds signature	Date
<input type="text"/>	<input type="text"/>

Please return to:

Student Funds, Liverpool Hope University, Gateway Building, Hope Park, Liverpool, L16 9JD.

studentfunds@hope.ac.uk