



**ST BEDE'S CATHOLIC COMPREHENSIVE SCHOOL &
BYRON SIXTH FORM COLLEGE
TRAVEL GRANT APPLICATION FORM 2018-19**

Please complete in block capitals after reading the accompanying letter.

Surname:	First Name(s)
Address:	
Post Code:	
Telephone No.	Male or Female (Tick)
Age at the start of the course _____	Date of Birth _____
I am starting a further education course at Byron in September 2018 (Tick)	
I am continuing my further education course at Byron in September 2018(Tick)	
The name of the school/college I attended in the year 2017/18 was:	
Please note travel assistance is not available for part-time students. In order to qualify for travel assistance, the course of study must be full-time i.e. at least 15 guided hours per week, (excluding school/college holiday periods.)	
Travel assistance is given on a half-termly basis and may be withdrawn at the end of any term if a student has a poor attendance record.	
Proposed courses to be studied during 2018-19	
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.....	
.....	
.....	
PTO	

DECLARATION

Please complete this form in full. It will be necessary to return any forms not **fully** completed to allow assessment.

I certify that the information I have given on this form is correct. I agree to abide by the conditions of this scheme and any operator's travel scheme.

Signature of student: Date

Print name of student:

Signature of parent or carer:.....

Print name of parent or carer: Relationship to student:

Please note that the information provided on this travel assistance form may be shared with other bodies responsible for auditing or administering public funds.

<p>Please return completed forms to:</p> <p>St Bede's Catholic Comprehensive School & Byron Sixth Form College Westway Peterlee County Durham SR8 1DE</p>	<p><u>Office use only :</u></p> <p>Allocated to:</p> <p>Initials:</p> <p>Distance from school:</p> <p>Date:</p>
<p>Telephone - 0191 5876220</p> <p>Fax - 0191 5180597</p>	
<p>Email - enquiries@st-bedes.durham.sch.uk</p>	

PLEASE FILL IN THE DETAILS BELOW TO ENABLE TRANSPORT ALLOWANCE TO BE PAID DIRECTLY INTO THE BANK ACCOUNT IDENTIFIED.

BANK NAME

SORT CODE

ACCOUNT NUMBER

NAME OF ACCOUNT HOLDER.....

