**For students going on elective in the period April 2014 – June 2014**

The completed form should be submitted by email via your College email account, to  
 [feo-nwtfs@imperial.ac.uk](mailto:feo-nwtfs@imperial.ac.uk). The deadline is **12 noon,** Wednesday **20 March 2013**

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| Name: | | | | | **Office Use Only** |
| Term Time Address:    Telephone Number:  Mobile Number: | | | Permanent Address:  Telephone Number: | |  |
| College Email address: | | | | |  |
| Details of where you plan to spend your elective including the specialties you will be studying. Attach your confirmation of elective. If the offer of the placement has not been confirmed, you can submit an application with confirmation to follow. | | | | |  |
| Has your elective been confirmed? | Yes | \*No | | \*Date expected: |
| **Category B – FINANCIAL HARDSHIP****GUIDANCE**  * Only students who have applied for Access to Learning Funds (ALF), College Hardship Funds, or Medical School Hardship Funds will normally be considered under this category. If you have not previously applied for funding from these sources, you MUST indicate why not. * If there is confidential information which you do not wish to enter on this form, but would like the Committee to consider, please make an appointment to see Philippa Shallard - Tel: 020 7594 3628. * You may be required to provide verification of financial information within a specified timeframe. You are advised therefore to have this information readily to hand. | | | | | |

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| **By submitting this application, I confirm that the information that I have given above is true and I will provide evidence in support if requested to do so.** | | | | | | | | | | |
| **Date of submission:** | | | | | | | | | | | |
| **FINANCIAL INFORMATION** | | | | | | | | | | **Office Use Only** |
| **1** | Please give details of applications for ALF, College/Medical School Hardship funds, including dates, whether or not successful, and all amounts awarded. Use an additional page if required. | | | | | | | | |  |
| Award | | Date of Application | | | Successful/Unsuccessful | | | Amount Awarded |
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| I authorise the College Registry and the Faculty Senior Tutor to provide the Elective Awards Group with information concerning my hardship fund applications  YES\* NO\* ( \* delete as appropriate ) | | | | | | | | | |  |
| **2** | If you have not applied, please explain why. | | | | | | | | |  |
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| **Please give full details in each of the following sections and note that verification of statements, such as is required when applying for College Hardship Funds, may be requested by the Electives Officer and must be submitted within the timeline given.** | | | | | | | | | |  |
| **Support (per annum)** | | | | | | | | | |  |
|  | | | | **Amount** | | | **Please give relevant details** | | |  |
| LEA Award | | | | £ | | |  | | |
| Parental contribution | | | | £ | | |  | | |
| Scholarships/Bursaries | | | | £ | | |  | | |
| Other | | | | £ | | |  | | |
| **Total income for year inc. employment** | | | | £ | | | | | |  |
| **Debts (per annum)** | | | | | | | | | |  |
|  | | | | **Amount** | | | **Please give relevant details** | | |  |
| Bank loan/overdraft | | | | £ | | |  | | |
| Student loan | | | | £ | | |  | | |
| Student hardship loan | | | | £ | | |  | | |
| Other | | | | £ | | |  | | |
| **Total debt amount** | | | | £ | | | | | |  |
| Elective funding already successfully applied for (Charities, etc.), including amounts | | | | | | | | | |  |
| **Your current yearly financial outgoings** | | | | | | | | | |  |
| Rent and Utilities | | £ | | | Travel to and from home  to College/Clinical attachments | | | £ | |  |
| Home: Area/Post Code | | |  | |  |
| Food | | £ | | | Books | | | £ | |  |
| Clothing | | £ | | | Subscriptions (incl. Societies and Sports, please specify) | | | £ | |
| Telephones/Broadband | | £ | | | Other expenses (please specify) | | | £ | |
| **Please provide a statement in support of your ‘Type B’ application, including any other information you wish the Elective Awards Group to consider**  {type or write your statement in the box below} | | | | | | | | | |  |