



The GPs' own charity

The **Cameron Fund**

APPLICATION FOR A STUDENT ALLOWANCE

(for use by a dependant of a beneficiary)

1

Name of Related Cameron Fund Beneficiary _____

Name of Applicant _____

Home Address _____

Postcode _____

Telephone _____ Mobile _____

E-mail _____

Address During Term Time _____

Postcode _____

Date of Birth _____ Marital Status _____

Qualification _____

Name of University / College _____

Duration of Course _____ Year of Study (2016-17) _____

*Details of acceptance onto course for forthcoming academic year

*Student Loan Entitlement _____ *Grant Entitlement _____

*Details of any additional grants e.g. bursaries, scholarships, Local Authority grants.

*Details of any part of the course spent working in industry or abroad

**Please include supporting documentation of these with your application*

Details of any paid employment you will be seeking during vacations

If you are applying for a Student Allowance for a second or subsequent year, include proof of completion of your first year with your application, *e.g. Results notification.*

Declaration

I declare that all questions on this form have been truthfully answered and that all details are correct. Where details or information about other people have been provided, I confirm that I have done so with their consent.

I agree to receive a visit from a Trustee or members of staff of the Cameron Fund if required.
Note: All Trustees are General Practitioners.

I consent to Cameron Fund Trustees and staff processing and storing the data provided on this form and included in any communication from me.

I undertake to inform the Cameron Fund immediately of any changes in my circumstances, *e.g. receipt of a legacy, cancellation or withdrawal from course.*

Signature

Date

The Cameron Fund confirms that it holds all data it receives securely and in accordance with Data Protection principles.

The Cameron Fund is registered with the Information Commissioner: Reg. no. Z4461076.