PRIVATE AND CONFIDENTIAL



The GPs' own charity

**APPLICATION FOR A STUDENT ALLOWANCE** (for use by a dependant of a beneficiary)

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	
*Details of acceptance onto course for forthcoming acedemic 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

## **APPLICATION FOR A STUDENT ALLOWANCE**

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.