

Spouse or Nominated Proxy **PF FEHE**

Claim Form for Full State Subsidiary (Tuition Fees) - Eligible First Further or Higher Qualification - Spouse or Nominated Proxy **PF FEHE**



This fully state subsidised support may be transferred to the spouse or nominated proxy in the case of death in Service or medical discharge where an individual's medical condition is so severe that it will prevent them from taking advantage of the educational support. In such circumstances the scheme eligibility rules must be met in all other respects. The spouse or nominated proxy must also be in a position to benefit from the support by undertaking their first full Level 3 (or equivalent) or first higher education qualification. This form is specifically designed for claimants to claim funding from Other Government departments (OGD) e.g. BIS, WAG, SG and NI.

Before completing the claim form, check that you comply with all of the requirements below. Tick each item to confirm that you comply

TICK

| | |
|--|--|
| The (ex) Service member has served six years full time Service (or four years full time Service prior to 1st April 2017) | |
| The (ex) Service member is a member of the Armed Forces ELC Scheme and has completed a minimum of four years scheme membership | |
| The date of medical incapacitation or death in service is in accordance with the policy outlined in JSP 822 | |
| The claimant is using an ELC approved provider delivering state-funded nationally recognised FE or HE qualifications NB You must also check that your chosen course is state-funded | |
| This is my first Full Level 3 Qualification or first Higher Education Qualification (foundation degree or undergraduate degree) or (national equivalent) | |
| I confirm I will be undertaking at least the equivalent of 25% of a full time course | |
| I comply with all elements as required in JSP 822 which include full eligibility details | |

Your complete and accurate claim form must be received by your authorising Education Staff a minimum of 25 working days prior to course start date.

PART 1 - (EX) SERVICE PERSONAL DETAILS

| | | | | | | |
|---|----|------|-----|--|------------|-----------|
| | | | | If your Service Number or Surname have changed please record old details below | | |
| Service Number <small>at time of application or, if left, at time of leaving</small> | | | | Previous Service Number | | |
| Surname | | | | Previous Surname | | |
| Forename(s) | | | | Date of Birth | | |
| Service | RN | Army | RAF | Enlistment Date | | |
| Rank | | | | Last Day of Service | | |
| Have there been any breaks in service from the enlistment date to the last day of service? | | | | | Yes | No |

If you have answered YES you must ensure that your MoD representative receives all necessary up to date supplementary forms before submitting your claim for processing. Please use the Supplementary Sheet (available from your Education Staff or on the website www.enhancedlearningcredits.com to record interrupted service, e.g. FTRS, NRPS)

Contact details of Spouse/Nominated Proxy - Claimant

| | | | |
|---|---|-----------------------|--|
| Full Name and Title | | | |
| Date of birth | | | |
| Permanent Address for Correspondence | please note that we may need to contact you at this address | | |
| | | | |
| Postcode | | | |
| Telephone No. | | E-mail address | |

PART 2 - REQUESTED ACTIVITY (in consultation with Education Staffs*)

| | | | | | | | |
|--|-----------|-----------|-------------|--|-----------|-----------|-------------|
| Provider Name | | | | Provider ID Code | | | |
| Overall Start Date of Qualification | DD | MM | YYYY | Overall End Date of Qualification | DD | MM | YYYY |
| | | | | | | | |
| Overall Qualification | | | | | | | |

Are you studying HE or FE?
Please tick the relevant box (this must be correct as it indicates to ELCAS where the funding should be claimed from)

| | |
|------------------------|------|
| | Tick |
| Further Education (FE) | |
| Higher Education (HE) | |

Where are you normally resident (ie your qualifying civil address). Please tick relevant box (this must be correct as it indicates where the funding should be claimed from).

| | |
|-----------------------------|-------------|
| Country of Residence | Tick |
| ENGLAND | |
| WALES | |
| SCOTLAND | |
| N IRELAND | |

Please use the box below to indicate what type of qualification you will be undertaking. You must tick one box,

| | | | | | |
|---------------------------|--|---|-----------------------------|---------------------------|--------------|
| Qualification Type | 1st Full Level 3 or National Equivalent | Foundation Degree or National Equivalent | 1st Undergrad Degree | 1st Honours Degree | Other |
| Tick one box in this row | | | | | |

Please provide details below of the course or modules of study to be undertaken with this Provider. The cost of tuition and amount to be recovered by MOD from the OGD.

| Course/Module Title | Exact Start Date | End Date | Course Code | Full Cost of course/ Module Tuition Fees (£s) | ELC Contribution if applicable | OGD Contribution minimum (100%) of cost BIS/WAG/SG/NI |
|---------------------|------------------|----------|-------------|---|--|---|
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| | | | | | Total ELC Contribution if Applicable £ | Total OGD Contribution £ |

PART 3 - INDIVIDUAL DECLARATION

1. I confirm the accuracy of the details on this form and apply to CLAIM the full state subsidy to pay for tuition fees.
2. I confirm I have checked existing national educational funding and that I am NOT eligible for support to pay for tuition fees by other routes
3. I confirm that this is my first full Level 3 or first foundation degree or first undergraduate degree (or national equivalent) and that I comply with the eligibility criteria to access the full state subsidy to pay tuition fees.
4. I confirm that I am using an eligible ELC approved provider delivering state-funded FE/HE qualifications and my chosen course is state-funded
5. I confirm I am not in receipt of any other funding to pay towards the tuition fees.
6. I confirm that I intend to continue my learning programme to achieve a full Level 3 or higher level qualification (or national equivalent).
7. I hereby agree to the Learning Provider releasing information relating to my application and study to ELCAS and MoD as appropriate.
8. I hereby agree to complete and submit my Course Evaluation Form upon completion of my course, in accordance with single Service procedures.
9. I understand that claims must reach my authorising Education Staff a minimum of 25 clear working days prior to the course start date.
10. By signing this form I confirm that I have read and understood the relevant JSP 822
11. I confirm that I meet the UK residency and nationality requirement to qualify for this support.
12. I understand that if I have declared false information, action may be taken to reclaim the tuition fees and any associated costs from me.

| | | | | | |
|------------------|--|-------------|-----------|-----------|-------------|
| Signature | | Date | DD | MM | YYYY |
| | | | | | |

Warning: it is an offence to make, or conspire in making, a false statement on or about this application.
 CLAIMANTS NO LONGER IN SERVICE SHOULD REFER TO THE SERVICE LEAVERS PAGE OF THE ELCAS WEBSITE
www.enhancedlearningcredits.com FOR GUIDANCE AND THE APPROPRIATE CONTACT DETAILS

PART 4 - AUTHORISATION BY EDUCATION STAFFS (or for PERSONAL LEARNING ADVISOR)

In accordance with JSP 822 (ELC scheme, I confirm that the above named claimant fully meets the eligibility criteria for transfer of support to achieve a first full Level 3 qualification (equivalent to two GCE A Levels or vocational equivalent), or a first higher education qualification (a foundation degree or first undergraduate degree or national equivalent) free from tuition fees. I have discussed this application with the claimant and confirm that, in my opinion, it conforms to the requirements of the JSPs presently in force and that the claimant's spouse or nominated proxy has accrued sufficient eligible service to submit this claim. As part of this conformity with the JSP 822 I am also confirming that the course(s)/Module(s) detailed overleaf lead(s) to a nationally recognised qualification at Level 3 or above on the NQF / QCF. I fully support and endorse the claim.

| | | | | | |
|-----------------------------|--|--------------------------------------|-----------------------------|-----------|-------------|
| Surname and Initials | | Service or Payroll No. | | | |
| Signature | | Date | DD | MM | YYYY |
| | | | | | |
| Education Centre | | SQL Number | | | |
| Unit Stamp | | | List found on ELCAS website | | |
| | | Is this application a resubmission? | Yes | No | |
| | | If Yes, previous claim reference No. | | | |

This claim form must be received by your authorising Education Staff a minimum of 25 clear working days prior to the course start date.
 Please note this also applies to queried claims that are re-presented.

| | | |
|-----------|-----------|-------------|
| DD | MM | YYYY |
| | | |

The information you provide on this form will be held on a database by ELCAS. The data will be used solely for the administration of the ELC and associated OGD schemes to monitor and evaluate performance. The data held will not be disclosed to any parties not involved in the ELC Scheme administration and management. All data will be handled in accordance with the Data Protection Act 1998.