

Travel Assistance 2019/20 College Acceptance Form

Complete this form **ONLY** when you have definitely accepted a place on a course.

The information given **MUST** be confirmed by either:

- (a) attaching a copy of your final acceptance letter from the college; **or**
- (b) the college completing the section overleaf

Name and address:

Telephone number:

Name of college to be attended:

Full address of college to be attended:

Full title of Course to be attended:

Full Time

Part Time

Length of Course to be attended:

Number of years:

From: Month: Year:

To: Month: Year:

Is the course and college the same as shown on original application form? Yes No

2019/20 Term dates		
Autumn Term	Spring Term	Summer Term

Days of attendance (please indicate which days you will attend PER WEEK during 2019/20 academic year)

Monday

Tuesday

Wednesday

Thursday

Friday

DECLARATION to be completed by ALL applicants

(Please note that if you do not sign this form, we are unable to make any payments that may be due to you)

I HEREBY DECLARE that the statements made on this form are to the best of my knowledge and belief, correct in every respect and I UNDERTAKE to inform the Executive Director of Education, Care and Health Services of the London Borough of Bromley, in writing, of any alterations to the particulars given, and repay to the Authority any amounts as may be decided by the Authority to have been paid, **for whatever reason**, in excess of the correct value of the award.

Signed (applicant) Date

Print Name:

To the Principal/Registrar of the College to be attended 2019/20

If the information given in this form, by the applicant, is correct please complete and sign below as indicated.

Name: _____

Signature: _____

Title: _____

Date: _____

This form should be returned immediately to:

FE Travel, Education Care and Health Services, London Borough of Bromley, Civic Centre, Stockwell Close, Bromley BR1 3UH (020 8313 4044)