**Participation Fund   
Application Form  
Session 2024/25**

The Participation Fund is available to assist current registered students who are in need of additional financial support to meet the costs of participating in activities run by or in conjunction with the Union or the University in order to enrich the student experience and enhance engagement.

**Full guidance notes are available online. Please ensure you have read these before submitting your application:**

www.strathunion.com/support/participationfund

Note that funds are limited. Please ensure you include all requested details below as we cannot assess an incomplete application. If you do not provide all the information needed, your application will be delayed. Photocopies of requested evidence only – originals will not be accepted.

**Tick to confirm that you have provided the following information:**

|  |  |
| --- | --- |
| Bank account details |  |
| Personal details |  |
| Eligibility criteria and evidence of eligibility |  |
| Participation activity information and supporting evidence |  |
| Declaration |  |

**Bank Account Form**

**Personal Details**

|  |  |
| --- | --- |
| Name: | Registration/Student Number: |

**\*Bank/Building Society Details**

|  |  |
| --- | --- |
| Account Holder Name: | Name of Bank: |
| Sort Code: | Account Number: |

**Student Declaration**

|  |  |
| --- | --- |
| Signature: | Date: |

\*You must let us know as soon as possible if you change your bank account details. Incorrect bank details will cause delays in payment.

**Personal Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | | Full Name: | | | | | | | | | | Date of Birth: |
| Registration Number: | **2** | **0** |  |  |  |  |  | |  |  | Telephone Number: | |
| Email Address: | | | | | | | | | | | | |
| Name of Course: | | | | | | | | Year of Study (1st, etc): | | | | |
| Are you: Undergraduate  Postgraduate Taught  Postgraduate Research | | | | | | | | | | | | |

**Eligibility Criteria**

|  |
| --- |
| Is this your first application to the Participation Fund? If no, please detail below when you last made an application:  Yes  No |
| Eligibility categories (please indicate which of the following criteria you meet, selecting as many as applicable). Please note that you must submit evidence of your eligibility with your application.    Student with caring responsibilities ☐  Care Experienced student ☐ Gypsy, Traveller, Roma, Showmen and Boater student ☐  Estranged student ☐ Disabled student ☐  Asylum Seeker student ☐  Refugee student ☐  Mature student ☐  Attendance at a target school ☐  SIMD Quintile 1 or 2 Home Postcode (or other UK equivalent) ☐  Student in receipt of highest rate of student loan from UK funding body ☐ Veteran and Armed Forces Community Student ☐ |

**Participation Fund Activity**

|  |  |  |
| --- | --- | --- |
| Name of activity you wish to participate in: | Who runs the activity? | |
| When do you expect to begin the activity? How long will you participate? | What do you hope to gain by participating in the activity? | |
| What are the expected costs for the activity? Please provide a breakdown of relevant costs, e.g. travel, joining fees, equipment, etc). | | Total amount requested from Participation Fund: |

Please note as per our guidance notes linked at the start of the form that it is a requirement of the fund that supporting evidence is provided to demonstrate the cost of the activity. This can be provided as an attachment to this form or a scan or email sent to **strathunion.advice@strath.ac.uk** showing relevant costs. Please contact the above email address if you are unsure what evidence to provide.

**Declarations**

**You must read the following:**

* I certify that I have read and understood the form and the information I have given is true and accurate. I understand that giving false information will automatically disqualify my application.
* I confirm that I am a registered student for session 2024/25.
* I confirm that I have provided all the required information and supporting evidence.
* I confirm that I will inform the Advice Hub of any change of circumstances affecting this application.

**Tick to confirm you agree to this declaration:** ☐  
**You must read the following:**

* Strath Union requests your permission to share anonymised data with the University of Strathclyde regarding activities participated in and awards made. Your personal data will not be shared. The purpose of this is to secure funding for participation in the future.

**Tick to consent to the sharing of the above information for the above defined purpose:** ☐

**OR**

**Tick to refuse to the sharing of the above information for the above defined purpose:** ☐  
  
**I understand and agree to the following:**

* Strath Union reserves the right to check all information supplied with application forms.
* All information and documents I submit with this application will be retained with my application form in line with the Advice Hub’s Privacy Statement (www.strathunion.com/support).
* I may be required to submit additional evidence to support my application or any information provided.
* The Advice Hub will not pass my information to anyone outside Strath Union without my consent except:
  + Where checks are needed to verify the accuracy of information I have provided;
  + Where the Advice Hub is required to do so in line with their Confidentiality Policy (www.strathunion.com/support).
* Any payment received from the Participation Fund cannot be used to make a payment towards tuition fees or University of Strathclyde debt, including accommodation costs. If the Union is made aware of this having happened, I will not be permitted to make further applications to the Participation Fund for the duration of my study.

**Tick to confirm you understand and agree to the above:** ☐

|  |  |  |
| --- | --- | --- |
| Signature: | Print Name: | Date: |