



# Chadsgrove Educational Trust Specialist College

## Application Form for the Provision of Free College Meals

All students applying for a free meal for the first time in the 2025 to 2026 academic year must submit an application (either by the student or by a responsible adult on their behalf).

Please complete the form below and submit it together with your supporting evidence to the College Business Manager, Hayley Jepson.

### Student Information

Title			
Surname			
First name			
Address			
Postcode			
Phone/Mobile			
Email			
Date of Birth (DD/MM/YYYY)			
Age		Students must be aged 19-24 on 31 <sup>st</sup> August 2025 and have an Education, Health and Care Plan (EHCP).	
Have you an Education, Health and Care Plan (EHCP)?		YES	<input type="checkbox"/> NO <input type="checkbox"/>
Have you been resident in the UK for 3 years or more?		YES	<input type="checkbox"/> NO <input type="checkbox"/>
For more information on eligibility please refer to: <a href="#">Free meals in further education funded institutions guide: academic year 2025 to 2026 - GOV.UK</a>			

To qualify for Free College Meals students must be in receipt of, or have parents who are in receipt of, one or more of the eligible benefits and produce the required evidence.

*Please tick the 'Yes' or 'No' columns as appropriate, and where responding 'Yes' give detail of the evidence provided in the appropriate column.*

Eligible Benefit	Yes	No	Evidence Provided for Student / Parent
<b>Universal Credit</b> with net earnings not exceeding the equivalent of £7,400 per annum.			
<b>Income Support</b>			
Income-based <b>Jobseekers Allowance</b>			
Income-related <b>Employment and Support Allowance (ESA)</b>			
Support under part VI of the <b>Immigration and Asylum Act 1999</b>			
The guaranteed element of <b>State Pension Credit</b>			
<b>Child Tax Credit</b> <i>(provided you are not entitled to Working Tax Credit, and have an annual gross income of no more than £16,190, as assessed by Her Majesty's Revenue and Customs (HMRC))</i>			
<b>Working Tax Credit</b> <u>run-on only</u> <i>(paid for 4 weeks after you stop qualifying for Working Tax Credit)</i>			

#### Student / Parent/Carer Advocate Declaration

- I declare that the information on this form is true and accurate to the best of my knowledge.
- I have made this claim for the provision of free meals, fully aware that any false statements can lead to withdrawal/refusal of any financial support and may lead to me being prosecuted.
- I understand that if I refuse to provide information which may be relevant to my claim, the application will not be accepted.
- When changes to my household financial circumstances occur (which may result in changes to my claim), I confirm I will notify the College immediately.

Student name:		
Student signature: (where possible)		Date:
Signature of student's representative (if student unable to make own application)		Date:
Relationship of student's representative to student		
Student's representative contact details		
Address:		
Phone number:		
Email address:		