



Eligibility assessment form for students attending Postgraduate Courses provided by The European University Institute academic year 2021/22

Regulatory changes as a result of the United Kingdom's exit from the European Union may mean that we might need to ask for additional evidence in support of your application. If this is the case, we will contact you directly to request this from you.

You must:

- Complete this form in **black** ink and use **CAPITALS**;
- Tick boxes that apply;
- Answer all the questions, entering "N/A" (not applicable) or "None" if appropriate;
- Enclose an **officially certified copy*** of your **passport** that shows your nationality.
- If you do not hold a passport, we will need an officially certified copy* of a document from an official body that shows your nationality, date, place and country of birth and full name at birth.

PLEASE RETURN THIS FORM (WITH THE RELEVANT DOCUMENTS AND MAIL HEADER) BY 31/01/2021 marked **PRIVATE AND CONFIDENTIAL REGULATORY SUPPORT, MEMPHIS BUILDING, LINGFIELD POINT, DARLINGTON, DL1 1RW (NO ELECTRONIC VERSIONS CAN BE ACCEPTED)**

***OFFICIALLY CERTIFIED COPY**

This is a document, which has been stamped and signed as being a true copy of the original, by an official such as a minister of religion, doctor, lawyer, established civil servant, teacher/lecturer, police officer or by a state authority. The person certifying the copy must provide their name, address and telephone number.

Part 1: Your personal details

1 Your surname (in full)

2 Your first names (in full)

3 Your title (tick **one** box only)

Mr Mrs Miss Ms Other ►

4 Your full current **home** address and Postcode (not your university or college address)

5 Your sex

Male Female

6 Your date of birth (dd/mm/yyyy)

7 Your age (in years) on 1 September 2021

Part 2: Where you were born and have lived

14 What is your nationality?

15 Were you born in the United Kingdom, the Channel Islands or the Isle of Man?

Yes ► your place of birth (city, town or village)

No ► your country of birth

The date you came to the UK (dd/mm/yyyy)

The reason you came to the UK

16 Have you always lived in the UK, the Channel Islands or the Isle of Man?

Yes

No ► Give details of the periods you have lived outside the UK, the Channel Islands or the Isle of Man (continue on space at end of form if necessary)

Country	From (MM/YYYY)	To (MM/YYYY)	Why did you live there?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

17 Have you, your husband, wife, parents or a step-parent been granted 'refugee status' by the UK Government? Yes ► You must send us your original Home Office documents which confirm this
 No

18 Have you, your husband, wife, parents or a step-parent been granted 'humanitarian protection' by the UK Government? Yes ► You must send us your original Home Office documents which confirm this
 No

Part 2: Where you were born and have lived (continued)

19 Are you, your husband, wife, parents or a step-parent a European Economic Area (EEA) national or Swiss national and currently working in the UK?

Yes
 No



Give details (we may want more evidence about this)

If 'yes' are you going to continue working while you are studying?

Yes
give details
 No



20 If you, your husband, wife, parents or a step-parent are not a UK national, do you have 'settled status' or 'indefinite leave' to enter or remain in the UK or a certificate of entitlement to the 'right of abode'?

Yes
 No



Give the date that you received confirmation (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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You must send us your passport or original Home Office documents which confirm this

21 Are you the child/stepchild of a Turkish worker? (A Turkish worker is a Turkish National who is ordinarily resident in the UK and is, or has been carefully employed in the UK)

Yes
 No



Give details (we may want more evidence about this)

22 Are you the child of a Swiss National?

Yes
 No



If yes you will need to provide evidence

Part 3: About your course

23 Please give the full title and qualification of your course

24 Date you will start your course

<input type="text"/>	<input type="text"/>	<input type="text"/>
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25 Date you expect to finish your course

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**** PLEASE NOTE THAT THE MASTER OF LAWS (LLM) IS NOT AN ELIGIBLE COURSE****

Part 4: About your employment and unemployment history

- In date order, please give your employment history since you left school, up to the present.
- If there are periods you have not worked, please give the reason (for example, you were registered unemployed, in full time study/long holiday and give dates)

Name and address
of employer or
benefit office

Full time or
part time

From

To

Amount of monthly
income received

Part 5: Declaration (all applicants must sign)

Please read the following declaration. We will not process your application for support if you do not sign and date the declaration. (It must not be signed on your behalf by another person).

- The information I have given on this form is complete and accurate, to the best of my knowledge and belief;
- I will tell the Student Loans Company (SLC) immediately if my circumstances change in any way that might affect my entitlement to support;
- I understand that if I give false information, or do not give complete information, I may be refused financial assistance or I may be prosecuted and my financial assistance withdrawn;
- I agree to supply any further information that the SLC may ask for.

- I will tell the SLC immediately if, in any year of my course:
 - I am absent due to illness for more than 60 days from the course;
 - I am absent for any other reason;
 - I leave, abandon or am expelled from the course;
 - I understand that if any of the above circumstances occur, I may not be eligible to receive any outstanding instalments of payments that the SLC have notified me about, and that I may have to repay all or part of any financial support paid to me for that year.
- If financial assistance is paid to me or on my behalf and is, for whatever reason, more than I am entitled to, I will pay back the balance.

Your name (CAPITALS)

Your signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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- If you do not have enough space to answer any questions, please use this space below.
- Make sure you give the number of the question you are answering.

Your signature

Date

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