

Confirmation of income for Part-time Students - Academic Year 2009/10

Form PTCI2

This form is also available at www.studentfinancenl.co.uk

Student's forename(s):

Student's surname:

Important Information

You should complete this form to confirm your income if you are unable to provide one of the following for the financial year 2008-09:

- a P60.
- a Month 12 or week 53 payslip showing "Total paid to date".
- a P11D "expenses and benefits".

If you had more than one employer during the financial year 6 April 2008 to 5 April 2009 you must provide evidence or a Confirmation of Income for Part-time Students Form (PTCI2) for each employer.

Instructions

- Complete this form in black ink and use BLOCK CAPITALS.
- **Answer all the questions in Section 1 and sign and date Declaration A.**
- Your employer should complete all the questions in **Section 2** and sign and date **Declaration B.**
- If you leave any questions blank we will not be able to process the student's application. If a question does not apply to you, please enter "None" or "N/A" as the answer.
- **Once your employer has completed this form** and signed and dated the declaration, please return it to us at the address shown on the letter accompanying this form or on the LA Finder list available online at www.studentfinancenl.co.uk.

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personal details

a

Student's details

Customer Reference Number:

Forename(s):

Surname:

Date of birth:
DAY MONTH YEAR

b

Your details

Customer Reference Number:

Forename(s):

Surname:

Home address:

Postcode:

Declaration A

Our Data Protection Statement sets out who will use the information provided on this form and what they will use it for. Before signing this form please read our statement online at www.studentfinancenl.co.uk/dataprotection. Alternatively, you can request a copy by writing to the Student Loans Company (SLC) at 100 Bothwell Street, Glasgow or by calling our Customer Support Office on 0845 600 0662.

If you cannot sign this form, it must be signed on your behalf by your Power of Attorney. The Power of Attorney letter must be sent with this form before a signature from that Power of Attorney will be accepted.

- I confirm that to the best of my knowledge and belief, the information I have given on this form is true and complete and I understand that if I have given the Education and Library Board (ELB) false information, or have not given them complete information, I may be prosecuted and financial support withdrawn.
- I agree to supply any further information in relation to the applicant's application for financial support that the ELB may ask for and agree to tell them immediately if my personal or financial circumstances change in any way that might affect this application for financial support.

- I authorise my employer to give information about my income to the ELB to assess higher education student finance for the student named in Section 1a of this form.

Your full name
(in BLOCK CAPITALS):

Signature: Date: DAY MONTH YEAR

section **2**

employment details

To be completed by the employer.

a Name of employee:

Job title:

b1 Gross salary or wages, before income tax, National Insurance and pension contributions are taken off for the employee named in Section 1b for the financial year ended 5 April 2009 (please include any overtime, bonuses and commission): £

b2 Taxable benefits in kind. Give the type of benefit and the amount received:

Type	£
Type	£
Type	£

Total: £

b3 Total pension contributions taken off during the year: £

c Has the employee been employed by your company for the whole financial year? Yes No

If no, give the employee's dates of employment during the financial year ended 5 April 2009.

From: DAY MONTH YEAR To: DAY MONTH YEAR

Declaration B

To be completed by the employer

I confirm that the payments listed in Section 2 were made to the employee named in Section 1b of this form during the financial year 5 April 2009.

Your full name (in BLOCK CAPITALS):

Your signature:

Date:

<small>DAY</small>	<small>MONTH</small>	<small>YEAR</small>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Position in firm:

Name and address of employer:

Phone Number:

Postcode:

Please return this form to the person named in Section 1b. You must **not** return it to us or the student named in Section 1a. If you have any questions about completing this form, please contact our Customer Support Office on 0845 600 0662

Employer's Stamp

Additional Notes

If you are providing extra information below please clearly mark what section and question number the information is relating to.