

Notification of change of circumstances for students on full-time courses - Academic Year **2017/18**



Who can use this form:

Only full-time students who applied to Student Finance Northern Ireland can use this form.

Customer Reference Number

Title

Date of birth

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

Forename(s)

Surname


My change of circumstance

Sections to be completed

- | | |
|---|--|
| <input type="checkbox"/> I have changed my name | 1 |
| <input type="checkbox"/> I have changed my address | 2 |
| <input type="checkbox"/> I have changed my university or college | 3, 4 and 5 |
| <input type="checkbox"/> I am changing to a part-time course | 4 |
| <input type="checkbox"/> I have changed course | 4 and 5 |
| <input type="checkbox"/> My course tuition fee amount has changed | 5 |
| <input type="checkbox"/> I have left my course or suspended my studies | 6 |
| <input type="checkbox"/> I want to change my bank details | None. Go online or call us on 0300 100 0077. |
| <input type="checkbox"/> I want to change the amount of Tuition Fee Loan or Maintenance Loan I have requested | None. From early May 2017 you will be able to make this change by logging into your online account. There is no need to change your loan request until then. |
| <input type="checkbox"/> I have other changes of circumstance not detailed on this form | None. Please complete this page and attach a piece of paper detailing change. |

 **Please remember to sign and date the declaration on page 8**

Important information

- You should complete this form to notify us immediately of any change in your circumstances at any time. We will use the information you provide to determine if a change of circumstance affects the amount of student finance you are entitled to receive.
- Whenever you see this icon  you must provide evidence to support your change of circumstance. For any university or college and course related change of circumstance, you may also need to ask your university or college to send evidence.

section

1

change of name

Change of name/title

New title

New forename(s)

New surname or family name



Please provide appropriate documentary evidence, e.g. marriage certificate, deed poll, etc.

change of address and/or telephone number

Contact details

New term-time address

Postcode

New term-time phone number

Date your term-time address will change

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

New home address

Postcode

New home phone number

Date your home address will change

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



If you have provided a term-time contact address then all correspondence we issue will be sent to that address.

change of university or college

New university/college details

New university/college name and address

Postcode

a1

a2

UCAS university/college code (if you know it)

a3

Did the change take place after starting a previous course?

Yes No



If 'Yes', you must ask your new university or college to confirm the change to us as soon as possible.

Section 4 must also be completed to confirm the course that you will be studying at your new university or college.

4

change of course

New course details

a1 New course name

If you are following a combined studies or modular course, please list all the subjects being studied

If the new course details you give us can't be confirmed yet, your student funding may be delayed.

a2 If the course is franchised to another university/college, give the address of the other university/college

 Postcode

a3 Did the change of course take place after you started your previous course?

Yes No

a4 Qualification you expect to gain (e.g. BSc Physics)

a5 UCAS course code (if you know it)

UCAS campus code (if you know it)

a6 Date you will start your new course

MONTH YEAR

Date you will finish your new course

MONTH YEAR

Course length (years)

change of course

b1

Year of course

Foundation year First year Second year Third year Fourth year

Other (give details)

b2

Which of the following is your new course? Tick one box only

Full-time undergraduate

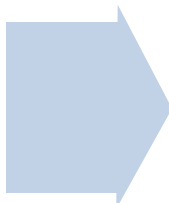
Initial Teacher Training (ITT) courses

Flexible postgraduate ITT

Part-time undergraduate ITT

Part-time ITT
(excluding first degrees)

Full-time postgraduate ITT



Number of weeks you will be studying full-time in academic year 2017/18.

Number of weeks you will be on full-time teaching practice in academic year 2017/18.

e You must provide a letter from your university or college confirming the number of weeks you will be on full-time study and full-time teaching practice during academic year 2017/18.

Other course types

Full-time distance learning

Full-time foundation degree

Full-time involving a placement
(sandwich course)



Do you have a disability which prevents you from attending your university/college in person? Yes No

e You must provide evidence that clearly shows you are unable to attend university or college in person for a reason which relates to your disability.

c1

Where will you live during the academic year 2017/18?

Term 1 Living with parent(s) Elsewhere or own home

Term 2 Living with parent(s) Elsewhere or own home

Term 3 Living with parent(s) Elsewhere or own home

c2

Where will you spend most of your time in the academic year 2017/18?

Term 1 University or college Study abroad Work placement

Term 2 University or college Study abroad Work placement

Term 3 University or college Study abroad Work placement

If you have ticked 'University or college' for all 3 terms, go to section 5

d Have you been accepted onto the ERASMUS exchange scheme? Yes No

If 'Yes' and/or you'll be studying abroad go to section 5

e1 Where will your placement be?

Abroad UK/ROI Don't know

If you 'Don't know' go to e3

e2 Placement name and address, if known

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>

e3 Is the placement

paid unpaid

If you ticked 'unpaid' please indicate which type:

- a hospital, a Public Health Service Laboratory or a Primary Care Trust;
- a Health Authority, Strategic Health Authority, Local Health Board, Special Health Authority, Health Board, Special Health Board or a Health and Social Services Board;
- a Local Authority carrying out its duties relating to health, welfare or caring for children and young people, or a voluntary organisation providing facilities or carrying out similar activities;
- the prison or probation sector or after-care services;
- a research institute; or
- an unpaid placement that is not listed above.

f Do you have to attend a place in the UK/ROI away from your main college as part of your medical or dental clinical training in the academic year 2017/18? Yes No

change of course tuition fee

Course tuition fee

Give the full tuition fee amount that your university or college is charging for the course you will be studying in academic year 2017/18:

£

If you are not sure of the tuition fee you will be charged - please contact your university or college.

leaving your course or suspending your study

Leaving/suspending study

a1 Did you begin your course? Yes No

If 'No', you should not complete any more of this form. Please sign and date the declaration on page 8.

a2 When did you leave or suspend study? DAY MONTH YEAR

a3 Have you told your university or college that you have left your course? Yes No

Do you plan to return to higher education? Yes No

a4 When do you plan to return? DAY MONTH YEAR

Do you plan to return to the same course a different course

Please make sure you have completed section 4 with details of your new course.

Repeating study

b Will you be repeating any period of study? Yes No

If 'Yes', what period will be repeated?

c Please give the reason for leaving your course or suspending your study.

e As your university or college need to confirm this change to us, please make sure they are aware of the above change of circumstance.

Declaration

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.studentfinanceneni.co.uk/dataprotection

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 provided is true and complete. If it is not, I understand I may not receive financial support, any support I have had may be withdrawn and I could be prosecuted.

Your full name
(in BLOCK CAPITALS)

Your signature

Today's
Date

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

Once you have completed this form, and signed and dated the declaration, please return it to us at the EA address shown on the Education Authority (EA) finder available online at www.studentfinanceneni.co.uk