

Learning Support Fund (LSF) HEI extension request form

This form should only be completed on behalf of students who:

- entered their final year in the 2019/20 academic year; and
- are required to extend their course beyond the original completion date; and
- may have a case for further financial assistance from the LSF because they meet one or more of the protected characteristics defined by the Equality Act 2010, which directly prevented them from progressing;
- and/or they are in financial hardship.

Please do not submit this form for any students who are extending as a result of Covid-19 as these are dealt with separately.

Name of university:

Student details:

Surname:

Other names:

Date of birth:

		/			/				
--	--	---	--	--	---	--	--	--	--

LSF ref number (if known):

Email address:

Name of course:

Cohort: Full-time: Part-time:

Extension details:

Start date:

		/			/				
--	--	---	--	--	---	--	--	--	--

End date:

		/			/				
--	--	---	--	--	---	--	--	--	--

Reason for extension:

Tick all that apply: Protected characteristic: Hardship: Other:

Give full details of the student's exceptional circumstances* in the space on the next page. Please provide as much information as possible as this will inform the decision regarding entitlement to LSF support during the extension period.

*Exceptional circumstances generally refers to protected characteristics or financial hardship, but other compelling circumstances may also be considered.

Student's circumstances:

Authorisation:

(To be completed by a member of the university's academic or teaching staff only)

I certify that to the best of my knowledge the details given above are correct. I have read and understood the guidance regarding final year extension payments for LSF students and I confirm that the student named on this form has a reasonable prospect of being able to successfully complete the programme in the extension period detailed on this form.

Name:

Position (academic/teaching staff only):

Date completed:

		/			/				
--	--	---	--	--	---	--	--	--	--

Telephone number (inc STD code):

Email address:

Submitting this form

LSF Extension request forms must be returned by email to:
nhsbsa.ESFextensions@nhs.net