

TRINITY TRUST UNDERGRADUATE FIELD TRIP GRANT

Privacy Statement

This form together with all supporting documentation are submitted on the understanding that the data contained therein are used solely for the purposes of the consideration of Bursary/Award/Benefaction specified. The data will be retained in a secure location for the period of a student's registration in College, together with an additional period of thirteen months following graduation. Thereafter, all data will be erased.

Further details on the data protection regulations pertaining to these materials can be found at <http://www.tcd.ie/privacy/>. You are asked to read these carefully and indicate your consent below to the submission of all documentation relevant to your appeal subject to these regulations.

Signed: _____

Date: _____

SECTION A – Student Information

| | | | |
|-----------------|--|----------------|--|
| Student Number: | | Date of Birth: | |
| Firstname: | | PPS: | |
| Surname: | | Telephone: | |
| College Email: | | Year: | |
| Term Address: | | | |

SECTION B – Field Trip Information

| | | | |
|--|------------------------------|-----------------------------|--|
| Department/School: | | | |
| Lecturer Name: | | | |
| Name of Field Trip Course: | | | |
| Field Trip Destination: | | | |
| Module Number: | | | |
| Are you in receipt of Local Authority Grant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Number of weeks for Field Trip: | | | |

| | |
|--|---|
| Dates of Field Trip (start & end date): | |
| *Total Cost of Field Trip: | € |
| *The total cost of Field Trip refers to the cost of the field course quoted in advance by the Department concerned and remitted by the Applicant to the Department | |

PLEASE NOTE: Field trips have to be applied for in advance of course. Applicants who qualify are normally given their financial assistance on their return from the Field Trip only.

NB: Awards are made directly into your bank account so please ensure you bank details are uploaded on your portal. Full instructions on how you can do this are available on our website under the financial assistance tab www.tcd.ie/senior_tutor

SECTION C – Financial Information

| <i>Please specify yes/no below</i> | Yes | No |
|--|-----|----|
| Have you applied for & been granted financial assistance this year or in previous years? | | |
| Are you in receipt of Local Authority Grant? | | |
| Are you in receipt of Social Welfare? | | |

Please give **MONTHLY** income in euros below:

| | |
|--|--|
| Monthly Income Self? | |
| If under 23 , Monthly income for mother/guardian (incl Social Welfare payments) | |
| If under 23 , Monthly income for father/guardian (incl Social Welfare payments) | |
| Monthly income for Spouse/Partner (including social welfare payments) | |

The following documentation must be provided:

1. P60 & P21 for applicant for previous year
2. 3 month bank statements (self and spouse/partner (if applicable) and if dependent for parents
3. P60 & P21 for parents/guardians/spouse for previous year (if dependent, under 23 in 1st year)
4. Social Welfare payment statements/advice/payment receipt (for self/parents/spouse)

You can request your P21 online using the [PAYE Anytime](#) service. Once logged on to PAYE Anytime, select the relevant prior tax year, then select 'Request a (P21) Balancing Statement' and follow the on-screen instructions.

You can also request a P21 by forwarding your P60 (and, if relevant, a P60 for your spouse) for the tax year to your local Revenue office and asking for a P21

I declare all the above particulars in this application are in every respect true to the best of my judgement and belief

Student Signature: _____ **Date:** _____

This application form must be signed off by the academic member of staff organising the field course

Applications for Trinity Trust Field Trips are assessed on Financial Hardship, therefore all relevant backup documentation must be provided.

I hereby confirm that the above named student is requested to attend the field course to which this application refers and the cost quoted is correct.

Staff Name: _____ Department: _____

Extension Number: _____

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