

Application for a reduction in College fees

College form C025

To qualify for reduced College fees, please complete in block capitals in black ink

Section A INFORMATION ABOUT YOU

Name	<input type="text"/>	Your National Insurance No.	<input type="text"/>
Address	<input type="text"/>	Date of proposed enrolment	<input type="text"/>
Postcode	<input type="text"/>	I give permission to my Benefit Office to disclose the information below	
	Signed <input type="text"/>	Date	<input type="text"/>

Take this form to your relevant Benefit Office (eg Job Centre, DSS, City Council) for completion of Section B. After completion, return it, together with your Enrolment Form, to the Payments Office, City of Bath College to qualify for a reduction. Your benefit must be a means tested state benefit.

You may be requested at a later date to complete another CO25 form for the purpose of audit.

If your circumstances change you should inform us immediately.

Section B BENEFIT OFFICE

Please complete this section, stamp, sign and date the form. Thank you for your help.

This is to confirm that on the proposed date of enrolment the applicant is in receipt of the following benefit.

(Please tick as applicable)

- Named person unwaged dependant
- Job Seekers Allowance
- Working Tax Credit (WTC)
- Other means tested state benefit

Name

Please put stamp here;

Please state type of means tested benefit

- Invalidity Allowance, Disability Living Allowance or Incapacity Benefit

Signed Date

This form should be returned to the Payments Office, City of Bath College, on completion of both sections.

City of Bath College, Avon Street, Bath BA1 1UP