

ROYAL BALLET SCHOOL ASSOCIATES PROGRAMME
Declaration of Income and Application for Assistance with Associate Fees

Please circle as appropriate: **JA MA SA** Centre:..... Classes:.....

INFORMATION ABOUT THE STUDENT

Surname Forenames

Child's present address: Address for correspondence (if different):

.....

.....

Post Code: Post Code:

Parents' daytime telephone number (if available to be contacted)

Parents' email address

DECLARATION

I/We declare that to the best of my/our knowledge and belief, all the particulars here submitted are true and contain a full statement of my/our income from all sources during the periods shown. I/We understand that the provision of false information may lead to my/our child being disqualified from assistance under the scheme.

Father Date

Print Name Marital Status

Mother Date

Print Name Marital Status

(Including where there is a civil partnership)

If the above declaration is signed by only one parent please delete as necessary below

divorced / separated / widowed / other (state reason)

THIS FORM MUST BE RETURNED AS SOON AS POSSIBLE TO:

THE ROYAL BALLET SCHOOL
FINANCE DEPARTMENT
46 FLORAL STREET
LONDON
WC2E 9DA

FAILURE TO RETURN THE FORM BY THE REQUESTED DATE MAY RESULT IN YOUR BEING CHARGED FULL FEES FOR ALL OR PART OF THE SCHOOL YEAR

CONFIDENTIALITY

Any information disclosed in this form will be held by the Head of Finance and will not be disclosed to anyone other than members of the Finance Department. This ensures that your child’s place on the Associate Programme and their progress is not linked to your ability to pay.

If you have any questions or concerns or would like to discuss this further, you can contact Carla Smith, Finance Department on 0207 845 7056 (direct line) or email Carla.smith@royalballetschool.org.uk

PART A: INFORMATION ABOUT THE CHILD’S PARENTS/GUARDIANS AND PARENTAL INCOME

- a. Name of Father/guardian or carer.....
 - b. Name of Mother/guardian or carer
- | | Father | Mother |
|---|--------|--------|
| c. Please state whether employed, self-employed or unemployed | | |
| d. Profession, business or trade | | |
| e. Name and address of employer or address of business | | |
| | | |
| | | |
| | | |
| f. If you are a Director of the Company, please state proportion of each class of shares you hold | | |

PART B: PARENTAL INCOME

Please complete the table below showing income from all sources, before deduction of tax, for the financial year 2014-2015 (i.e. 6 April 2014 to 5 April 2015). **Enter amounts in whole pounds or enter NIL.**

You will need to provide documentary evidence for each income source e.g. P60 and March payslip, bank statement

		2014/15 £	FOR SCHOOL USE ONLY
		_____	_____
a.	Earned Income		
	Father		
	Benefits in kind		
	Mother		
	Benefits in kind		
b.	Superannuation contributions if not included above:		
	Father		
	Mother		
c.	Additional Voluntary Contributions if not included above:		
	Father		
	Mother		
d.	Occupational Pensions		
e.	Social Security Benefits		
	(NB most benefits will not be included for assessment so make sure you send in your documents)		
f.	Property Income:		
g.	Building Society Interest received (quote gross figure):		
h.	Other investment income gross:		
i.	Dividends from employment in a public limited company:		
j.	Separation or Maintenance Allowance		
k.	That part of a redundancy payment which exceeds £30,000:		
l.	Any other income not included above	_____	_____
	TOTAL	_____	_____

ESTIMATED INCOME: To be completed only by self-employed parents or others entering estimated, rather than actual, income figures above. Those entering estimated income figures, please state when you will be able to forward your actual figures _____

WORSENING OF FINANCIAL CIRCUMSTANCES: If your financial circumstances have worsened since 2014/15, please contact Finance on 020 7845 7056 or email Carla.smith@royalballetschool.org.uk as there is provision within the Scheme to assist you.

PART C: INCOME OF DEPENDENT CHILDREN AND OTHER DEPENDANTS IN THE HOUSEHOLD

a. Give details in respect of all **CHILDREN** wholly or mainly dependent on the parents, **including** the child for whom this application is made.

Name	Source of unearned income	Children's gross unearned income in 2014-15 £	FOR SCHOOL USE ONLY
Applicant:			
Name:			
Date of Birth:			
Other dependent children:			
1. Name			
Date of Birth			
2. Name			
Date of Birth			
3. Name			
Date of Birth			
TOTAL			

b. **OTHER DEPENDANTS** Give details in respect of other person(s) residing in the family home who are wholly or mainly financially dependent on the parents (Note 31):

Name and Relationship to Parent	Source of Income	Income in 2014-2015 £	
TOTAL INCOME			

PART D: VERIFICATION Please tick those which you are enclosing. Where the appropriate document is not available please enter the date by which you will be able to produce it.

P60 2014-15 Copy of self-assessment return for 2014-15

and or copy of relevant business accounts

March Pay Advice or other verification of superannuation or pension contributions in 2014-15

Other (please specify)

The School reserves the right to seek any other documentary evidence in support of the income figures submitted which it deems necessary.

HELP US TO FUNDRAISE

Please could you comment on why financial assistance is needed and the difference this would make to your family. This information will not affect your application but it helps the School to raise funds from trusts, foundations and other donors towards the provision of such assistance. The information will be kept confidential and anonymised.

FOR SCHOOL USE ONLY

Confirmation of Financial Assistance

SCHOOL'S SIGNATUREDATE.....

% Award	
Award Value	
Uniform Award	