

Hardship Fund for Learners Application Form 2020

Information

- The purpose of the Hardship Fund for Learners (HAFL) is to provide temporary financial assistance for currently enrolled learners who are facing hardship due to the COVID-19 pandemic.
- The HAFL can be used to cover any basic living costs that currently enrolled learners are unable to meet, including but not limited to food, utilities, rent or other unexpected expenses.
- HAFL cannot be used to provide support for costs related to transitioning to online learning.
- Learners can be supported by a direct cash payment and/or direct purchase of resources on the learners' behalf.
- Prior to COVID-19, you must have had an acceptable attendance record to be eligible.
- You must be a NZ citizen or permanent resident to apply.
- Please supply evidence of your bank account number with your name on it. Failure to do this will hold up your application from being processed.
- Return this form, supporting evidence and bank account details to: aastas@tpp.ac.nz

Have you received any other assistance? Yes No

If so, please describe: _____

1 Personal Details

Student ID Number National Student Number

Programme

First Name Surname

Date of Birth
Day Month Year

Telephone No. Mobile Phone No.

Email Address

Living Arrangements (eg. student accommodation, living in own home, flatting)

Do you have any dependents/children? Yes No If yes, how many?

2 Reasons for Assistance

Please describe the hardship you are facing due to the COVID-19 pandemic and attach any relevant evidence:

Please describe how the hardship is interfering with your ability to progress with study and attach any relevant evidence:

Is there a specific cost/s you require assistance with? Please provide details:

3 Declaration

I _____ consent to the information provided being used for the purpose of assessing, and reporting to the Tertiary Education Commission, on my eligibility for temporary financial assistance from the Hardship Fund for Learners. I acknowledge the storage and use of the information I provide is regulated by the Privacy Act 1993. I hereby declare that the information I have given is true and correct and no information which could have a material bearing on my application has been withheld. I understand that making a false declaration could be an offence under the Crimes Act 1961.

Signature

Date

Day

Month

Year

Office use Only:

✓ **Notes:**

Artena	Enrolment Status confirmed EA		
	Fees Paid		
	Contact log checked		
Attendance	Checked		
Evidence	Attached		
Bank Account	Attached		

Assistance Approved

Assistance Declined

Assistance Type			
Value			
Date Support provided			
Ethnicity	Gender	Disability Status	

Signature:

Name:

Date:

Signature:

Name:

Date: