



Form Ref. SAF 2 Student Assistance Fund Compulsory Work Placement				
Student Name	Student No.		Programme Title/Year	
Home address:				
Did you receive your grant payment?		What is your main source of income?		
Date: Amount: €		Amount: €		
Work placement Name and Address:				
Supervisor's name/telephone no: (supervisor may be contacted) Distance from home:				
Period of placement: Start date: End date:				
Please describe any additional costs associated with your work placement i.e. transport, childcare,				
Estimated cost per week: €				
Is work placement paid/unpaid? (please specify)				
If payment is being/to be paid please state amount per week €				
Declaration				
I confirm that the information given on this form is true, complete and accurate in every particular. Financial assistance has not been received by me from any other sources for this purpose. I understand that if I abuse the fund or give false information that I will be disqualified from further applications and will have to repay monies received. I undertake only to spend the money on the items/services for which it was granted and will provide relevant receipts.				
I give consent to SETU Access Office to retain my details for SAF purposes.				
Signed:				
Student (signed not printed)				

Please attach additional information you feel may support your application

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