**Student Opportunity Fund**

Student Application Form 2022.23

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| **Privacy Statement**  The University is committed to ensuring compliance with current data protection legislation and confirms that all data collected is used fairly, stored safely, and not disclosed to any other person unlawfully. Please note that your responses will be linked to the student administrative data record the university has for you, however this data will be completely anonymized at the reporting stage and your student data remains confidential and subject to data protection protocols. | | | | | | |
| **SECTION 1: PERSONAL DETAILS**  **Please note:** All sections of the application must be completed electronically.  *It is strongly advised that you seek the advice and support of the Careers before applying. Careers staff can advise on the suitability of your chosen opportunity, as well as help you to strengthen your application. To access this*  *support, get in touch book an appointment (*[Contacting Careers | Student Support | Edge Hill University](https://www.edgehill.ac.uk/departments/support/careers/contacting-careers/)*)*  *It is also advised you consult* [Student Opportunity Fund - Edge Hill University](https://www.edgehill.ac.uk/scholarships/student-opportunity-fund/) *to ensure your activity meets the criteria.* | | | | | | |
| Full Name |  | | | | | |
| Student ID |  | | Level / Year | |  | |
| E-mail |  | | Mobile Number | |  | |
| Home Address (this is not your term time address) |  | | | | | |
| Full Programme Title *(Please note the eligibility for the Fund is undergraduate degree, integrated Masters degree, DipHE, foundation degree or PGCE. This excludes inbound Erasmus students).* |  | | Faculty | |  | |
| Project/Proposal Name |  | | | | | |
| Proposed Dates | Start |  | | End | |  |
| Are there any organisations or individuals involved in your project/activity? | YES/NO | | | | | |
| If you answered yes, please provide details of the organisation or individual, why you are working with them and include a contact name and details. |  | | | | | |

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| Amount Applied for:  Estimated costs to be incurred **(please provide details and a breakdown of costs).**  You will be required to provide **evidence of costs** such as screen shots; these can be added at the end of the application.  *Please note the fund will only cover the cheapest options.* | Item Description | Cost £ |
|  |  |
| Total | £ |
| Have you applied for, been awarded any other funding to assist with this opportunity?  Or has an organisation agreed to making a financial contribution to your opportunity? | YES/NO, if yes please provide details | |
| Are you being paid for your activity? | YES/NO, if yes please provide details | |

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| **SECTION 2: SUPPORTING STATEMENT** |
| **A:** **Describe the activity that you are applying for support for by addressing each point below** |
| **What is the aim of the activity and who will benefit?** |
|  |
| **Describe what you will be doing on the opportunity?** |
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| **B: How will receipt of this award benefit your personal, professional, or academic development?** | | | | | | |
|  | | | | | | |
| **C: How will your proposed activity/project enhance your employability and career development?** | | | | | | |
| |  | | --- | | **SECTION 3: SUPPORTING EVIDENCE** |   Please provide evidence of the activity. For example, if you have been offered a placement you will be required to provide evidence of the offer whether this be a screen shot of the email confirmation or a copy of the offer letter and a full job description. | | | | | | |
| **SECTION 4: DEPARTMENT SUPPORT** | | | | | | |
| Your proposal must be supported by your Personal Tutor or Programme Leader. You are required to submit a reference along with your completed application form. Please use the template below:    PERSONAL TUTOR/ PROGRAMME LEADER REFERENCE  Please include:   * How the student will benefit from or merit from the Student Opportunity Fund (specifically in terms of employability); * Certify that the activity/project/organisation involved is credible; * If the proposal also includes the use of any University resources, for example including the use of rooms equipment and staffing, the Head of Department will need to support the proposal and approve the use of materials. \*   Please note that this reference should be no more than 1 side of A4.    In this reference, you may want to consider the student’s attendance, grades and attitude. | | | | | | |
| **Referee Signature** |  | | **Date** | |  | |
| **Print Name** |  | | **Position** | |  | |
| **Contact Details** |  | | | | | |
| **\*Head of Department Approval**  **(if applicable)** |  | | **Date** | |  | |
| **Does your opportunity involve international travel** | YES/NO | | | | | |
| **SECTION 5: DECLARATION** | | | | | | |
| * I declare that all information given on this form is correct to the best of my knowledge. * I understand that: * lobbying any members of the panel and/or submitting false information will disqualify my application immediately, action may be taken under the Student Disciplinary Regulations; * if I am successful, I will be expected to provide feedback and to take part in promotional activities; * on completion of the activity, I am required to book an appointment with a Careers Advisor to discuss how the experience has enhanced my employability; * my application will be shared with panel members; * the information given on this application will be shared with various departments across the University, this may include: Careers, Student Recruitment, Student Experience and Corporate Communications. * the University is under no circumstances, liable for any damage, injury, or loss of any kind to any property or persons occurring as a result of activities undertaken with this grant. * The awards panel will require me to complete a risk assessment before I can start my activity, or where my placement is outside the University to provide a company risk assessment and evidence of the company insurance. * I will follow Government and University COVID-19 guidance at all times. | | | | | | |
| Signed |  |  | | Date | |  | |
| Do you have any support needs e.g. a disability or a diagnosed health condition that requires support? | YES/NO, if yes please contact the Inclusion Team for advice  [InclusionTeam@edgehill.ac.uk](mailto:InclusionTeam@edgehill.ac.uk) | | | | | |
| How did you find out about your opportunity? |  | | | | | |
| How did you hear about the Student Opportunity Fund? |  |  | | | | | |

**Check List**

I have attached the following:

* Supporting evidence; **including confirmation of activity** with valid contact details showing
* **Evidence of costing**; these must be attached to your application including the dates of when these costs will be incurred
* **Supporting reference** from Personal Tutor/ Programme Lead
* Completed **Student Opportunity Fund Placement Form (**if relevant) found at the end of this application

**Please submit your completed application and the above evidence to:**

Scholarships Officer

Edge Hill University

St. Helens Road Ormskirk, Lancashire L39 4PQ

[Scholarships@edgehill.ac.uk](mailto:Scholarships@edgehill.ac.uk) (01695) 657960

**N.B:** It is advised to submit your completed application form two months prior to start date of your proposed activity.

Please note, if your application is successful, you will be required:

* Complete a full Risk Assessment (the University template will be provided). Please refer to your tutor for assistance.
* Sign and adhere to the Terms and Conditions of the Fund,
* Complete a BACs form (which will be provided) for payment to be made (this will be provided to you)

**Only arrange for the following pages to be completed if your opportunity involves a placement.**

**Student Opportunity Fund Placement Form**

**You will need to print off this page and ask the Placement Provider to complete it, then submit it as part of your application**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organisation Name** |  | **Contact Name** |  | |
| **Address** |  | **Position/ Role** |  | |
| **Town** |  | **Industry Sector** |  | |
| **County** |  | **No. of employees** |  | |
| **Postcode** |  | **Organisation has business premises?** |  | |
| **Telephone** |  | **Wheelchair accessible?** | Yes | No |
| **Email** |  | **Accessible by public transport?** |  | |
| **Placement start date** |  | **End date** |  | |
| **Expense rate** |  | **Hours per week/per month (max 6 weeks)** |  | |
| **Important** | **Where the placement is in person or blended (combination of in person and virtual) you must provide a copy of the company risk assessment (this should also cover COVID-19) and company insurance.** | | | |
| **Signed** |  | **Date** |  | |

**Placement details**

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| --- | --- | --- | --- | --- |
| **No. of Places** |  | **Placement / Job Title** |  | |
| **Employer description (this can be a short overview about the employer)** | | | | |
| ***Details of the role*** | | | | |
| *Please state any* ***skills or attributes*** *that will be developed further:*  ***Possible:*** *examples include*  *• Interpersonal skills*   * *Analytical skills* * *Understanding of all business functions – sales, marketing, finance and resource operations* * *Strong IT knowledge and use of social media platforms* * *Critical thinking and problem solving* | | | | |
| *Please give details of the skills and opportunities the student will gain from the role.* | | | | |
| *Other important information:* | | | | |
| **DBS Checks\* Required** | | | | **Vaccinations Required** |
| The Placement involves working with;  🞏 Children  🞏 Vulnerable adults  🞏 Children and vulnerable adults  🞏 DBS NOT required  *\*The DBS check needs to be run by the organisation.* | | | | Students will be working in a hospital/ laboratory/ environmental setting or with animals.  Tetanus 🞏  Hepatitis B 🞏  Rabies 🞏  Other (please state) 🞏  None of the above 🞏  The above are **RECOMMENDED** or **REQUIRED for the listed settings** |