**Fee Concession Application Form**

*For Children and Spouses/Civil Partners of Staff employed prior to 30th September 1992.*



**Section 1: Staff member details**

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| **Staff Member Name:** |  |
| **School / Unit:** |  | **Staff Number:** |  |
| **Signature:** |  | **Date:** |  |

**Section 2: Student / Course details**

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| --- | --- |
| **Student Name:** |  |
| **Relationship to above staff member:** |  | **Student Number:** |  |
| **Course Title:** |  |
| **Student / PAC number:** |  | **Year of Study:** |  |
| **Duration of course:** |  | **Cost:** |  |
| **Student Signature:** |  | **Date:** |  |

**Section 3: Learning and Development, HR**

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| *I wish to certify that the above named applicant is eligible for the Staff Family Remission of Fees.* |
| **Learning & Development, HR signature:** |  | **Date:**  |  |