

INCLUSION FUND APPLICATION FORM



To be handed in a minimum of 2 weeks before the activity you wish to attend.

Your details:

Name: Student ID:
Address:
Mobile: Email: Course:
Foundation Year: ☐ Current year: 1 ☐ 2 ☐ 3 ☐ Masters: ☐ Other (please specify):

Event or activity that you wish to attend:

Name/description of Students' Union activity/event:
Date(s) of activity/event: Starting Time and duration of activity (if the event is frequent)

What expense(s) are you applying or help with from the Inclusivity Fund?

Childcare ☐ Cost of carer for dependant adult ☐ Travel ☐ Other, please specify:

What are the estimated costs that you wish to claim?

(eg one hour training session in sign language, with 60 minutes return travel, total two hours childcare at a cost of £x per hour).

Total: £

Please provide details of the Bank account into which you want us to pay your costs:

Bank name: Bank address:
Sort code: Account no: Account name:
How should it be referenced?

Please submit this form to: suinclusion@bnu.ac.uk or by hand to either Students' Union Advice Centres, or by post to Bucks Students' Union Inclusion Fund, Queen Alexandra Road, High Wycombe, Bucks, HP11 2JZ.

We aim to reply to your application within five working days. The Inclusivity Fund is entirely discretionary and Bucks Students' Union reserves the right to close the Fund without notice and/or determine individual applications as it sees fit.

What happens if my application is successful? Once you have attended the activity or event, you will need to provide a receipt for the costs you claimed for in order to be repaid. We aim to make the payment into your nominated a bank account within five working days of provision of receipts.

IMPORTANT: if you do not provide satisfactory receipts within three months of the activity then the Fund will not repay your costs. NO RECEIPT, NO PAYMENT.

Office use only:

Initial application: Approved ☐ Not approved ☐

Staff one:

Sign: _____ Name: _____ Date: _____

Staff two:

Sign: _____ Name: _____ Date: _____

Sabbatical Officer:

Sign: _____ Name: _____ Date: _____

Student informed by email on (date): _____ Attendance confirmed: _____

Receipts provided: _____ Amount confirmed by receipt(s) : _____

Once completed and receipt/s received signed copy to be given to Finance Office for payment.