

## About this form

You need to complete this form to confirm that you're irreconcilably estranged from your parent(s). To be considered irreconcilably estranged from your parents, you won't have had any written or verbal contact with either parent and this is unlikely to change. Usually, for a period of at least twelve months, but we will consider all cases.

 For more help and information about applying for student finance as an estranged student go to: [www.standalone.org.uk/guides/student-guide](http://www.standalone.org.uk/guides/student-guide)

## How to complete this form

This form is split into three sections:

**Section 1** - Complete your details and confirm how your third party will be using this form. Pass the form to your third party.

**Section 2** - Your third party needs to complete this section.

**Section 3** - If you want your third party to provide details of your estrangement on this form, they also need to complete this section.

**Third party declaration** - Your third party needs to sign and date this declaration before passing the form back to you.

**Student declaration** - Check the information provided by your third party is correct. Sign, date and return this form.

Read the information below to find out who can act as your third party.

### Who can be a third party

This form needs to be completed by 'an independent person of good standing in the community' who knows the details of your estrangement from your parent(s). This could be:

- your university/college lecturer
- a teacher
- your support worker
- your social worker
- a doctor
- a solicitor

#### This person can't:

- live at the same address as you
- be related to you by birth or marriage/civil partnership
- be your partner

### If you're unable to find someone to complete this form

You can contact the student services/wellbeing advisor at your college or university. Their details can be found on the college or university website.



## Section 1

## Your personal details

1.1 Customer Reference Number

1.2 Personal details

Forename(s)

Surname

Date of birth (DDMMYYYY)

 /  / 

1.3 Will your third party be providing the details of your estrangement on this form?

Yes

**pass this form to your third party**

No

**we need to contact your third party to confirm the details of your estrangement, go to 'Consent to share'**

## Consent to share



Please tick the box below to give consent for your information to be shared as described in the statement. This will allow us to make sure you get the help you need by exchanging information with the necessary people. If you do not give consent it may delay any support you need.

**You have the right to withdraw your consent to us processing your personal information in relation to this application form. To withdraw your consent, please contact us.**

I agree that Student Finance England and the third party named in my application may exchange information about my application for estrangement where this is necessary to make sure I get the help I need.

**Now pass this form to your third party**

## Section 2

## To be completed by the third party

### Information for the third party

Read 'Who can be a third party' on page 1 and make sure you fit the criteria.

Complete **section 2** of this form. If the student has answered 'Yes' to **question 1.3**, also complete **section 3**. Sign and date the **declaration**, then pass the form back to the student.

To find out how we'll use the information you provide go to [www.gov.uk/studentfinance](http://www.gov.uk/studentfinance) to read our Privacy Notice before completing this form.

#### 2.1 Your details

Full name

Current employer and occupation

Work address

Postcode

Contact phone number (including area code)

Work/business phone number

Email address

#### 2.2 How long have you known the student?

If you have known the student for less than 12 months, you may wish to see evidence of their circumstances.

Years      Months

 /

## Section 2

To be completed by the third party

2.3 What is your relationship to the student?

2.4 When did you first become aware of the student's estrangement?

Month    Year  
 /

2.5 Has the student been in contact with either parent in the last 12 months?

No  
 Yes - please give details below

2.6 Do you see the situation between the student and their parent(s) changing in the foreseeable future?

No  
 Yes - please give details below

If the student has answered 'Yes' to question 1.3, complete section 3 on the next page

## Section 3

## To be completed by the third party

**3.1 If the student has given you permission to do so, tell us your understanding of their estrangement and when this happened.**

- What is their current situation?
- What led to them being in this situation? (This information isn't mandatory, but it may help us to process the application more quickly.)

Continue on a separate sheet of paper if you need to.

## Third party declaration

**This declaration should be read, signed and dated by the third party who completed sections 2 and (if applicable) 3.**

**By completing this declaration I confirm that:**

- I do not live at the same address as the student;
- I am not related to the student by birth, marriage or civil partnership;
- I am not in a personal relationship with the student (for example, they are not my partner); and
- to the best of my knowledge and belief, the information I have provided is true and complete. If it is not, I understand the student may have their financial support withdrawn.

Your full name (in BLOCK CAPITALS)

Your signature

**X**

Today's date (DDMMYYYY)

|  |  |   |  |  |   |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|
|  |  | / |  |  | / |  |  |  |  |
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**Now pass this form back to the student**

# Student declaration

## By completing this declaration I confirm that:

- to the best of my knowledge and belief, the information provided by me and the third party is true and complete. If it is not I understand I may not receive financial support and any support I have received may be withdrawn.

Your full name (in BLOCK CAPITALS)

Your signature

Today's date (DDMMYYYY)

  /   /    

# Student checklist

Before you return this form please make sure that:



you have checked the information in **section 1** is all correct



you have completed the consent to share on page 2, if applicable



**sections 2 and 3** (if applicable) have been completed by someone who fits the criteria shown on page 1, and they have signed and dated the **declaration** on page 5



you have signed and dated the **student declaration**

Return the completed form to: **Student Finance England**

**PO Box 210**

**Darlington**

**DL1 9HJ**



**Remember to pay the correct postage**