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**A Widening Participation pot is available for students to apply to in order to cover additional costs incurred due to caring responsibilities or to cover unexpected expenditure that cannot be covered from elsewhere. This fund cannot be used to cover general living expenses, research costs,** **University fines or debt.**

1. **Student Details**

|  |  |
| --- | --- |
| Full Name:  |  |
| University: |  |
| University Student Number: |  |
| **Current Address:** |  |
| **Telephone:** |  |
| **Email:** |  |

1. **Expense details**

Please ensure you include all the information required for each type of expense, as outlined in the RTSG Guidance. Incomplete details will result in delays to payment.

|  |  |
| --- | --- |
| **Date of expense:** |  |
| **Nature of expense:** |  |
| **Total claim:** | £ |

1. **Student signature**

|  |  |
| --- | --- |
| Signed:  | Date: |

**Please send your completed form, with quotes/receipts, to the CDAS Centre Manager at:**

**CDAS Centre Manager**

**datacdt@leeds.ac.uk**