

# Confirmation of Estrangement form – Part-time 2018/19

## 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

You'll need to complete your personal details first then get someone who knows about your situation to complete the rest of the form. They'll need to confirm some details about your estrangement. Read the information below to find out who can complete the rest of your form for you.

### Who can complete this form for you?

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 student services adviser
- a teacher
- your housing support worker
- your social worker
- a police officer

#### This person can't:

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

We may contact the independent professional or their employer to confirm the information provided.

## Section 1 Your personal details

If you'd like any assistance with your application, please contact us on 0300 100 0607.

1.1 Customer Reference Number

1.2 Personal details

Forename(s)

Surname

Date of birth

Day                      Month                      Year

  -   -    

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## Section 2 To be completed by the person confirming your estrangement

### About this section

Make sure you've read and understood the "Who can complete this form for you?" information on page 1. Pass this form to someone who fits the criteria and get them to complete the rest of this form including the declaration.

### Information for the person confirming the student's estrangement

Read 'Who can complete this form for you?' on page 1 and make sure you fit the criteria – if you don't you shouldn't complete this form.

Complete the rest of this form and remember to read, sign and date the declaration.

There's room for additional information on page 3 if you think there's anything else we should know about.

#### 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 What is your relationship to the student?

## Section 2 To be completed by the person confirming your estrangement

2.3 How long have you known the student?

Years      Months  
  -

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

Month      Year  
  -

2.5 Can you tell us your understanding of the reasons for the student's estrangement and when this happened?

Write on a separate piece of paper and attach it to this form if you need more space.

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

No  
 Yes - please give details below

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

No  
 Yes - please give details below

**Now read, sign and date the declaration on the next page**

## Declaration

This declaration should be read, signed and dated by the same person who completed section 2.

**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 and I could be prosecuted.

Your full name (in BLOCK CAPITALS)

Your signature

Today's date

Day   - Month   - Year

**Now give this form back to the student**

## Student checklist

Before you return this form please make sure that:



you have given us your details in Section 1

 Tick

section 2 and the declaration have both been fully completed by someone who fits the criteria shown on page 1

 Tick

Return the completed form to: **Student Finance England**  
**PO Box 210**  
**Darlington**  
**DL1 9HJ**



**Remember to pay the correct postage**