

College Name: xxxxx College College Contact:

College Number: xxxxxxxx Phone Number:

1st August 2023 - 31st July 2024

	(AAC 1)	(AAC 2)	(ACC 3)	(AAC 4)	(ACC 5)	(ACC 6)	(AAC 7)	Totals
Bursary Funds Expenditure	Student Under 18	Parentally Supported (At home)	Parentally Supported (Away from home)	Self-supporting	Care-experienced	Universal Credit	Non-maintenance	
(£)	Headcount (£)	Headcount (£)	Headcount (£)	Headcount (£)	Headcount (£)	Headcount (£)	Headcount (£)	Headcount
Maintenance Costs	0	0	0	0	0	0	0	0
Dependents Allowance	0	0	0	0	0	0	0	0
Approved residence costs	0	0	0	0	0	0	0	0
Personal residence costs	0	0	0	0	0	0	0	0
Study Expenses	0	0	0	0	0	0	0	0
Travel Expenses	0	0	0	0	0	0	0	0
Special Educational Needs	0	0	0	0	0	0	0	0
Total Bursary	0	0	0	0	0	0	0	0

	(AAC 1)	(AAC 2)	(ACC 3)	(AAC 4)	(ACC 5)	(ACC 6)	(AAC 7)	Totals
Discretionary Funds Expenditure	Student Under 18	Parentally Supported (At home)	Parentally Supported (Away from home)	Self-supporting	Care-experienced	Universal Credit	Non-maintenance	
(£)	Headcount (£)	Headcount (£)	Headcount (£)	Headcount (£)	Headcount (£)	Headcount (£)	Headcount (£)	Headcount
FE Discretionary	0	0	0	0	0	0	0	0

Childcare Fund Expenditure	Headcount	Expenditure (£)
Total FE Childcare Fund	0	0
Total HE Childcare Fund *	0	0

* UHI partner colleges to manually enter data on the CSV version of this report.

	Part-time		Full-time		Totals	
	Headcount	Expenditure (£)	Headcount	Expenditure (£)	Headcount	Expenditure
FE childcare, lone parent	0	0	0	0	0	0
FE childcare, other	0	0	0	0	0	0
HE childcare, lone parent	0	0	0	0	0	0
HE childcare, other	0	0	0	0	0	0

We have examined the books and records of the above college and have obtained such explanations and carried out such tests as we consider necessary. On the basis of our examination and the explanations given to us, we report that the information set out in these forms is in agreement with the underlying records.

We also report that in our opinion, the college used these funds in accordance with the Scottish Funding Council conditions. We are satisfied that the systems and controls of the administration and disbursement of these funds are adequate. * Delete if not applicable.

PLEASE RETURN A WET SIGNED ELECTRONIC COPY OF THIS FORM TO THE SCOTTISH FUNDING COUNCIL.

Email to studentsupport@sfc.ac.uk

Principal's Signature

Auditor's Name (in printed capitals)

Auditor's Signature.....

Date of Signature.....