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**MA Education (Wales) - Evidence of residency in Wales**

**Name:**

**Student ID number:**

**Date of Birth:**

As part of the application for funding for the MA Education (Wales), applicants must have been resident in Wales for 3 years prior to start of programme. You are therefore required to complete this document and provide evidence of your residency for the last 3 years.

Please inform us of all of your addresses for the 3 years prior to the start of your academic year. For example, if your course starts in September 2021, we need to know where you lived between 01/09/2018 and 01/09/2021. You may be asked to provide evidence of your addresses at a later date.

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You are also required to provide copies of at least 2 of the following documents:

1. **Compulsory**:
   * Your Council Tax bill for the past three years, **or/and**;
   * current Driving Licence, which includes a permanent address in Wales.

If any of both documents were issued 3 years prior to the start of the course, you will also need to provide:

1. **Alternative evidence covering the past 3 years, such as:**
   * bank statements showing your current;
   * Your Tax Credit Award notification;
   * GP registration letter;
   * A gas, electricity or smaller bill, dated within the last three years;
   * P60/P45.

Please upload this document onto self-service when submitting your application for the MA Education (Wales), along with your evidence. You can also email it to us for submission on [directapplications@cardiffmet.ac.uk](mailto:directapplications@cardiffmet.ac.uk). Please contact us if you would like to discuss evidence suitability.

The information you provide will only be shared with the National MA Education (Wales) Funding Award Panel for the purpose of the award and the Admissions process for the university.

**Failure to supply the required evidence will have an impact on your allocation of funding.**

I confirm all of the information I have provided in this form is accurate and understand that any false information provided may lead to my award being revoked.

**Name:**

**Signature:**

**Date:**