

QUARANTINE PAYMENT APPLICATION

Completed forms to be sent to coronavirus@abdn.ac.uk

ABOUT YOU

Name: _____ ID Number: _____

University email address: _____

ABOUT YOUR STUDIES

Name of programme: _____

Are you full time or part time? FT/PT Are you on a Student Visa? Y/N

Are you a sponsored student? Y/N Will your sponsor cover your quarantine costs? Y/N

ABOUT YOUR TRAVEL AND QUARANTINE ACCOMODATION

Name of country of ordinary residence¹: _____

Name of red list country you travelled from: _____

Date of arrival in red list country, and reason for stay²: _____

Date of travel to UK: _____ Flight number: _____

Cost of quarantine hotel: _____ Date of payment: _____

Name and location of quarantine hotel: _____

End date of quarantine: _____ Date of travel to Aberdeen address: _____

Address in Aberdeen: _____

DECLARATION

Please ensure you have completed all sections of the form and have read and signed the declaration below. Incomplete forms will be returned, slowing the process of assessment.

1. I have read and understood the [FAQs](#) and eligibility for this fund.
2. I understand that eligible students can receive a maximum of one payment.
3. I have completed the [online bank details form](#) as outlined in the [guidelines](#) for this fund.
4. I have supplied evidence of my travel, quarantine stay and payment of quarantine costs.
5. The information given on this form is complete and correct. I understand that if I give information which is incorrect or incomplete, action may be taken to recover any award made to me and I may be barred from registration or graduation until the award is recovered.

Name: _____ Date: _____

¹ This is the country you lived in when applying to study at the University

² Please provide details of when you entered the red list country and the reason for being there. If you were living there, please enter "home country"