**Always Essex Staff Discount Application Form 2025-26**

**Name and contact details:**

|  |  |
| --- | --- |
| Title |  |
| First name |  |
| Surname |  |
| UCAS/DA/ PG number |  |
| Course holding offer for (you must be holding an offer before making this application) |  |
| Course start date |  |

University of Essex Employment Details

|  |  |
| --- | --- |
| University of Essex Staff number |  |
| Start date of your employment |  |
| End date of your employment |  |
| The Team/Department/School/Unit you were employed under when working at the University of Essex (If multiple please provide the latest before your employment ended). |  |

Declaration

I understand that if I do not hold an offer of study for a course by the specified deadline or provide evidence of my residency as stated above, my application will not be accepted.

I confirm that the above details are correct to the best of my knowledge.

I acknowledge that if I am discovered to have made an untruthful statement then the University may withdraw any scholarship/discount/award.

I have read and understand the Terms and Conditions of this award, including the eligibility criteria.

|  |  |
| --- | --- |
| Signature |  |
| Date |  |

Please send by email to [pgresults@essex.ac.uk](mailto:pgresults@essex.ac.uk)