



GRANT GIVING CONSORTIUM (Hull and East Riding)

WORKING TOGETHER : Sir James Reckitt Charity / Hesslewood Children's Trust / Wilmington Trust

APPLICATION FORM

This Application Form **MUST** be completed by the sponsoring agency. A form which has clearly been completed by the applicant will be returned. Please provide as much information as possible and include a **SUPPORTING LETTER**.

SPONSORING AGENCY

CAPITAL LETTERS PLEASE

Name	_____
Address	_____

Telephone	_____
	_____ email _____
Contact person	_____
Date	_____

FOR OFFICE USE ONLY.

APPLICANT

INCOME	EXPENDITURE

Supporting letter YES / NO

Previous application YES / NO

THE APPLICANT (S)

IMPORTANT : This is all required information. The application may be disregarded if the form is incomplete.

Name _____ Age _____

Full Address _____

Telephone _____ Post code _____

Place of birth _____

Accommodation (house/furnished rooms/private rented/council property etc) _____

DETAILS OF ALL PEOPLE LIVING IN THE HOME

Full name	Age	Relationship to applicant	Place of birth <small>This is REQUIRED information</small>

HAS THIS APPLICANT :

1. Had help from the Consortium before? _____

If yes ... give details

2. Applied to another Charity for help? _____

If yes ... which one?

3. Applied for help from the Local Assistance Scheme? _____

If yes ... give details

WEEKLY INCOME AND EXPENDITURE

Please give details of the WEEKLY INCOME of ALL persons living at the applicant's address. Fortnightly and monthly figures are not acceptable.

£

1. Paid employment :		
2. Benefits :		
3. Pensions :		
4. Disability allowances :		
5. ANY OTHER INCOME including contributions from family members :		

TOTAL £

Please give details of the WEEKLY EXPENDITURE of the household. Fortnightly and monthly figures are not acceptable.

Food	Hire purchase
Rent (net)	Maintenance
Mortgage	T.V. rental / licence / Sky
Council Tax	Telephone
Clothing	Fines
Water rates	Debt repayments
Insurance	Travel / petrol / fares
Fuel / gas / electricity	Other regular commitments

Please explain any abnormally large amounts.

TOTAL £

THE NEED

Please list the items required in an order of priority. Where a cooker is involved it is important to make clear whether it is GAS or ELECTRIC.

ITEM OF GREATEST PRIORITY :	
OTHER ITEMS IN ORDER OF PRIORITY :	

It is the responsibility of the applicant to obtain satisfaction as to the quality of the goods supplied. Any complaint relating to goods supplied is a matter between the applicant and the supplier and the Consortium has no responsibility in this matter.

HOW HAS THE NEED ARISEN ?

1. Why is the item required?

2. If the need arises from a medical condition or disability then evidence must be given in the form of a doctor's note, prescription or registered disability number.

HAVE YOU INCLUDED THE REQUIRED LETTER OF SUPPORT ?

Signature of contact person

Date

Signature of applicant

Date

In signing this form the applicant understands and accepts that some basic personal details are stored in line with the Data Protection Act 1998. This information is stored only for the purpose for which it was obtained and will not be made available to any third party. The applicant may request access to the stored data for a small fee.

PLEASE SEND THE COMPLETED FORM TO :



Grant Giving Trusts Consortium
151 Fairfax Avenue
Hull
HU5 4QZ

ENQUIRIES : cm26hines@hotmail.co.uk