**Application Request for support and/or funds**

Please note applications must be accompanied by a letter of referral from a school or

recognised organisation agreeing with what is being applied for.

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| **SECTION ONE –**  |
| Full Name of Person Requiring Assistance:  |
| Charity name if applicable (including registration number):  |
| Date of Birth: |
| Address of person requiring assistance:Postcode:  |
| Length of Time at Current Address:  |
| Do you plan to live at the property for any less than 1 year? Yes/No |
| Email address:  |
| Contact Telephone Number: |
| Name and Contact number of Person completing form if not as above:  |
| Your Employment Status: |
| **SECTION TWO**  |
| Partners Name (if applicable): |
| Partners Date of Birth: |
| Partners Employment Status: |
| Please list below children and/or other dependant adults in your household. We need their name, their age, their relationship to you and whether they are employed or in education |
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| **SECTION THREE**  |
| **Tell us about your and your partners health Please circle relevant option** |
| You – Mental Health, Mobility, Learning Disabilities, Visual Impairment, Hearing Impairment, None, Other  |
| If any circled please specify: |
| Your Partner – Mental Health, Mobility, Learning Disabilities, Visual Impairment, Hearing Impairment, None, Other |
| If any circled please specify: |
| **SECTION FOUR – Please circle your current circumstances** |
| Benefit Changes Sickness/Ill HealthLow Income Other(please give details)Delay in wagesDebts |
| **SECTION FIVE** |
| What and/or who is the request for? |
| What level of support are you looking for? E.g. White goods or support with an event   |
| Why should The Ray Collins Charitable Trust help? |
| Have you applied to any other organisations? If so who? |
| **I declare that the content of this funding application form and all supporting documents are correct and I understand that any misleading information may result in my application being refused** |
| Signed: Date: |

# F0001

Please note applications are only looked at when we have a trust meeting and these can take anywhere from 6 to 12 weeks. We will contact you once we have made a decision.

Please ensure your referral letter is attached to the form.