

Date Received

BARNWOOD TRUST
PRIVATE & CONFIDENTIAL - GRANT APPLICATION FORM

Applicant's full name Date of Birth

Partner's full name Date of Birth

Address Tel. No.....

..... Post Code

Is this your own/parent's home, hostel, residential/nursing home, supported lodgings or rented property – private, council, Housing Association or other? **(Please circle)**

Nature of Disability

Are you a Reg. Disabled Person?..... How long resident in Gloucestershire?.....

Have we helped you before?..... Please state when

Please state need for which this grant is sought

Total cost £..... and amount of grant sought £.....

Have you applied to the Social Fund? **(Please give details)**

Please declare any savings/investments etc you may hold £.....

FINANCIAL DETAILS (To include all members of the household)

Weekly Income from all sources

Weekly Commitments

Bring Home Pay	£	Rent/Mortgage payable	£
Retirement Pension	£	Council Tax payable	£
Occupational Pension	£	(after Housing or Council Tax Benefit)	
Income Support	£	Residential /Homecare Fees	£
Incapacity Benefit or ESA	£	Food/Household	£
Attendance Allowance	£	Fuel Bills	£
Child Benefit	£	T.V. Licence/Hire	£
Pension or Tax Credits	£	Clubs/Loans	£
DLA Care Component	£	Telephone	£
DLA Mobility Component	£	Insurance	£
Carer's Allowance	£	Travel	£
Other (eg JSA, Interest, Dividends)	£	Water Charges	£
Independent Living Fund	£	Other (please specify)	£
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	Total £		Total £

I confirm that the details above give a true picture of my circumstances, that I give my consent to retention of this information under the Data Protection Act, to disclosure of information relevant to this application by my doctor and/or other appropriate person or authority and to the Trust seeking further information from these sources, if needed.

Original Signature of Applicant Date
(Or Agent if unable to sign) Please see over

Please note that the Trust does not make grants for goods and services already purchased or ordered prior to making an application. Nor should you order goods or services in the hope of a grant, as you would be liable for payment yourself.

N.B. This section must be completed by the appropriate professional or agency making the referral who knows about you and your disability, and can comment on your circumstances and this application. The applicant should be told that we normally make a home visit.

The applicant's disability is
(Please give clinical diagnosis where possible)

How long has the applicant been known to you/your organisation?.....

Has this person been assessed under "Fair Access to Care" criteria? **Yes/No**

Can this need be met by Social Services under "Fair Access to Care"? **Yes/No**

Any other charity applications made/pending for this request? **Yes/No**

Details

Are there any difficulties about visiting?

When did you last see this person?

Background/endorsement of this application:

Signature Date

Name in Capitals Mr/Mrs/Miss/Ms.....

Occupation Organisation

How do you know about Barnwood Trust?

Email address.....

Postal Address.....

Post Code Tel No

Please return this form to the Grants Administrator,
Barnwood Trust, The Manor House, 162 Barnwood Road, Gloucester GL4 3JX. Tel 01452 611292

All personal information held by Barnwood Trust is stored and processed in accordance with the Principles of Data Protection to meet our operational and charitable goals. BHT 2009