**Assistance with Travel Expenses to You’re Welcome Workshops**

To prevent delay with your application, please ensure all sections are completed.

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| --- | --- |
| Name of person with disability: | Date of birth:  |
| Current Address:  |  |  |  |
|  |  | Postcode: |  |
| Name of main contact:Tel (home): | Tel (mobile): |  |
| Email address: |  |  |
| Is this:  |  Rented? | Your own/parents’ home?  | Residential home? | A hostel? |
| Total number in the household… Adults? Children?  |  Ages of children? |
| Nature of your disability? |
| **Income of the household per week** |  |  |
| Bring Home Pay *(applicant)* | £ |  |
| Bring Home Pay *(spouse/partner/parent(s))* | £ |
| State/Private/Occupational Pension  | £ |
| Pension, Working or Child Tax Credits | £ |
| Universal Credit  | £ |
| Jobseekers Allowance | £ |
| ESA – Working Group | £ |
| ESA – Support Group | £ |
| DLA/PIP | £ |
| Attendance Allowance | £ |
| Carer’s Allowance  | £ |
| Child Benefit | £ |
| Family &/or Lodger Contributions | £ |
| Other (*please specify):* | £ |
|  **Total** | **£** |
| **Savings of all members of the household** |
| **(Please include total of bank and building society accounts and value of premium bonds, stocks and shares, ISAs etc.)** |
| Applicant £ | Spouse/Partner £ | Parent(s) £ |
| Do you (or anyone in your household) own property other than the house in which you live? **Yes / No** |
| **Please provide details of the workshops you have booked:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Workshop** | **Venue** | **Date** | **Method of Transport** | **Cost of Transport** |
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**Consent** * I consent to the sharing of information relevant to this application with my referrer and/or any other professional listed on this application and any supplier of the Trust connected with the fulfilment of any grant awarded. **Yes / No**
* Our research team occasionally contact people who have received Barnwood grants to ask if they are willing to share any feedback on their experiences. Are you happy to be contacted? **Yes / No**

**Statement** By signing this form, I confirm that the details above give a true picture of my circumstances.  |
| **Signature of applicant:** | **Date:** |

For information on how we process and store your information refer to our Privacy Policy on our website ([www.barnwoodtrust.org](http://www.barnwoodtrust.org))

This section must be completed by an **appropriate professional** or agency who knows about you and your disability and can confirm your circumstances.

|  |
| --- |
| Describe the applicant’s disability:(Please give clinical diagnosis where possible) |
| Name of referrer: |  Job title: |
| Organisation: |  |
| Postal address: |  |
| Postcode: | Tel (work): Tel (mob): |
| E-mail address: |   |   |
| **Signature of referrer:** |  | **Date:** |

 **Please return this completed form to:**

 **The Grants Team, Barnwood Trust, Ullenwood Manor Farm, Ullenwood, Cheltenham. GL53 9QT**

 **Tel: 01452 611292 Email: grants@barnwoodtrust.org**

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| **In order to prevent any delays to your grant application, please check the following before returning your form:** |

* **Have you or your legal representative signed Page 2 of the application form?**
* **Have you answered the Consent questions on Page 2?**
* **Have you included an up-to-date contact number?**
* **Have you included the full financial details of the household?**
* **Please let us know if you change your telephone number(s) as we will need to contact you throughout your application process.**

**If you have any questions, please contact the Grants Team on: 01452 611292 or email: grants@barnwoodtrust.org**