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Family Leisure Grant Application Form

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

Name of person with disability:		Date of birth:	
Current Address:		Postcode:	
Tel:		Email:	
Contact me regarding this application:		yes / no	
If no, please provide details of preferred contact I.e. name, number and relationship to you			
Is this:	Rented? <input type="checkbox"/>	Your own/parents' home? <input type="checkbox"/>	Residential home? <input type="checkbox"/> A hostel? <input type="checkbox"/>
Total number in the household...	Adults?	Children?	Ages of children?
Have you or anyone in household applied before?			
Nature of your disability?			
What local activity would you like to experience as a family?			
Total cost £			

Income of the household per week

Bring Home Pay (applicant)	£
(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	£

Outgoings of the household per week

Mortgage	£
Rent (after Housing Benefit, if received)	£
Council Tax (after Council Tax Support)	£
Gas, Electric & Water	£
Housekeeping (e.g. food, supermarket shop)	£
Help at Home (e.g. cleaner/gardener)	£
TV Licence/Rental/Sky	£
Landline, Mobile & Broadband	£
Car (e.g. fuel, insurance, tax etc.)	£
Other Insurances (e.g. life, household etc.)	£
Public Transport/Taxi	£
Loans/Debt Repayments	£
Childcare Costs	£
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

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 relevant to the fulfilment of my grant award. **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:

Please note that the Trust **does not** make grants for goods and services already purchased or ordered prior to making an application. You should not order goods or services in the hope of a grant as you will be liable for payment yourself.

This page must be completed by an **appropriate professional** who knows about you and your disability and can comment on both your circumstances and this application. If the Support Worker changes at any point, please make the Grants Team aware as we will need to make contact throughout the grant application process.

Please complete in BLOCK CAPITALS

Describe the applicant's disability: (Please give clinical diagnosis where possible)	
How long have you/your organisation known the applicant?	When did you last see the applicant?
Are there any other charity applications made or pending for this request? Yes / No	
If yes, please give details:	
Have you made the applicant aware that we will make a home visit?	
Would it be in the applicant's best interests for the home visitor to contact you before the visit?	

Background/endorsement of this application

Please explain how the award of a grant will contribute to the wellbeing of the applicant and how the family will continue to enjoy this activity in the future:

<p>CONFIDENTIAL</p>

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, Overton House, Overton Road, Cheltenham. GL50 3BN
Tel: 01242 539935 Email: grants@barnwoodtrust.org

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

Please see the checklist overleaf before returning your application form



Family Leisure Grant Application Checklist

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

- The Family Leisure Grant is intended to be used for activities based within Gloucestershire
- Have you or your legal representative signed Page 1 of the application form?
- Have you answered the Consent questions on Page 1?
- Have you included an up-to-date contact number?
- Have you included the full financial details of the household?
- If you are having difficulties completing your outgoings and you receive housing benefit or council tax support, please send us a copy of your up-to-date award notice.
- Have you attached evidence of your disability benefit e.g. an Award Letter (*PIP/DLA/ESA Support Group*)?
- If you do not receive DLA/PIP and are not in the ESA Support Group and have an ongoing mental health problem, has your mental health professional completed page 2 of the form? This should include your diagnosis, how long you have had this condition and how it affects you on a daily basis.
- Please let us know if you change your address or 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: 01242 539935 or email: grants@barnwoodtrust.org

