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Wellbeing Fund 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?
Names of other adults in household?			
Have you or anyone in household applied before?			
Nature of your disability?			
What you would like the grant to be spent on?			
Total cost £		Amount of grant requested £	
Have you applied to Gloucestershire Local Reform Fund or any other charities?			

Income of the whole 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 whole 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.

If you do not have a referrer, please provide us with a copy of your disability benefit **and** complete the background section yourself.

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 provide background information for this request and explain how the award of a grant will contribute to the wellbeing of the applicant:

Please provide background information for this request and explain how the award of a grant will contribute to the wellbeing of the applicant:
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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)

In order to prevent any delays to your grant application, please see the checklist overleaf before returning your form:

Wellbeing Fund Application Checklist

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

- If you are about to move, please write below your new address and the date you will have access to the property as we will need to visit you at this address:

New Address:

Postcode:

Date you will have access from:

- Please ensure you or your legal representative has signed and completed the consent questions on Page 1 of the application form, as we will be unable to process the application without this.
- Please include the financial details of everyone in your 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.
- Please attach an up-to-date copy of your disability benefit award letter.
- If you do not receive DLA/PIP and are not in the ESA Support Group and have an ongoing mental health problem, please ask your mental health professional to complete page 2 of the form. This must include your condition, how long you have had this condition and how it affects you on a daily basis.
- Please ensure page 2 is completed. If you are completing page 2 yourself as the applicant, please ensure you have included background information on the request. You must also attach a copy of your disability award letter (DLA/PIP/limited capability for work).
- If you are applying for a grant towards the cost of a riser recliner chair, please ask your Occupational Therapist to complete Page 2 of the form.
- Have you included an up-to-date contact number?
 - Please let us know if yours or your referrer's contact details change 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

