**Information for the applicant**

**Applications should be completed with the help of a sponsor who knows you**

**Sponsors include –**

* Social Workers, Housing Support Officers, Benefit Support Workers
* Doctors, Nurses, Occupational Therapists, Physios, Mental Health Workers and other Health Care Professionals,
* Ministers of Religion and support workers from other charities
* Legal advisors and Citizen’s Advice Bureau workers

The charity requires that you make an application with the support of a sponsor as we believe that this helps the application process proceed more smoothly.

If you prefer to make an application without the support of a sponsor, please email or telephone the secretary to seek further guidance before completing the form.

**Grants can only be considered where the 3 following conditions are fulfilled.**

**The applicant must –**

1. **live in Shropshire**
2. **have a medical condition/disability (including mental health conditions)**
3. **be financially disadvantaged**

**The charity is tasked to use its resources carefully. Grants issued, will be limited to the minimum necessary cost to meet the applicant’s need, and normally, a maximum of £300. Applications in excess of this would need to be discussed by the trustees.**

## **Information for the sponsor**

In order to confirm the suitability of the application, the charity requires an appropriate sponsor, who knows the applicant, to countersign the application form, stating that in their opinion, the applicant fulfills the above 3 conditions. We understand that such an opinion is made in good faith.

Please assist the applicant in completing this form, add your counter signature, scan and forward as an attachment (jpg. or pdf.) by email to - **secretary@shropshirewelfaretrust.org**

If you are unable to forward the form by email, please complete a paper copy and contact the secretary for details of a forwarding address by email or telephone

Dr DGF Northern 01952 293775 or Dr Peter Bottomley 07971 002608

**Application Form**

|  |
| --- |
|  **REPEAT GRANTS TO INDIVIDUALS ARE NOT NORMALLY AWARDED**If you **have** received a grant from the Shropshire Welfare Trust in the past, please email secretary@shropshirewelfaretrust.org for advice before completing this form |
| I confirm that I have not previously received a grant from the Shropshire Welfare Trust. (please tick box to the right) |  |

**Applicant’s Details**

|  |  |
| --- | --- |
| Title | Mr / Mrs / Ms / Miss / Other |
| Full name |  |
| Address 1 |  |
| Address 2 |  |
| Town |  |
| Post Code |  |
| Telephone number |  |
| Date of birth (dd/mm/yyyy)  |  |
| How long have you lived in Shropshire? |  |

**Grant request details** (please refer to ‘information for the applicant’)

|  |
| --- |
| Amount of grant required (awards rarely exceed £300) -£ |

|  |
| --- |
| Purpose for which grant is needed (short summary) - |

|  |
| --- |
| Have you applied for a grant elsewhere: yes / no? If yes, please provide details - |

**New HMRC declaration rules**

In order to comply with the Common Reporting Standards (CRS) the HMRC requires that we collect the following information to prevent fraud and money laundering.

|  |
| --- |
| Applicant’s National Insurance number - |
|  |
| Applicant’s Nationality - |

**Health status:** (see information for applicants)

|  |
| --- |
| Please provide brief details of your medical condition - |

**Financial status:** (see information for applicants)

|  |
| --- |
| Please provide brief details of your financial status (including any income/benefits, and your outgoings) - |

**General Data Protection Regulations**

The charity uses your personal information to process this application. This information will be used in line with the Charity’s GDPR policy, a summary of which can be obtained by contacting the secretary. Personal information is only seen by the Secretaries of the charity both of whom are retired GPs. Applications will be anonymised if they need to be discussed by the charity trustees. Personal information will be kept for a maximum of 2 years and then destroyed. In cases where the application is unsuccessful, the information will be destroyed as soon as is possible.

**Applicant’s signature**

* I agree to my personal data being processed in line with the above policy
* The information in this application is correct to the best of my knowledge and belief.
* I agree to my sponsor supporting me in this application.
* I agree to the Honorary Secretary contacting my sponsor for further information in regard to my claim

Signed ………………………………………………… Dated …………………

**IMPORTANT**

**BANK ACCOUNT DETAILS FOR SUCCESSFUL APPLICATIONS**

**When supported by an appropriate sponsor, the charity does on occasions, send cheques directly to successful applicants. Please indicate below whether you have a bank account in your own name. If not, the Secretary will contact your sponsor requesting them to liaise with you so that alternative arrangements can be made.**

|  |  |
| --- | --- |
| I have a bank account in my name | Yes / No (please complete) |

**Sponsor’s counter signature**

The applicant is known to me, and the information above is correct to the best of my knowledge and belief

Signed .................................................................... Dated ......................

**Sponsor’s Details**

|  |
| --- |
| Full name |
| Role (e.g. Housing Support Officer) |
| Agency (e.g. Salop Housing Assoc.) |
| Telephone (Work)……………………… (Work mobile) ……………………. |
| Contact email…………………………………………………… |

**IMPORTANT**

**GENERAL DATA PROTECTION REGULATIONS**

PLEASE NOTE THAT THE FORM MUST EITHER BE SIGNED IN PERSON BY THE APPLICANT OR AN EMAIL FROM THE APPLICANT ACCEPTING THE GDPR CONDITIONS OF THE CHARITY MUST BE SENT WITH THE APPLICATION.

THE APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION