

GRANT GIVING CONSORTIUM (Hull and East Riding)

WORKING TOGETHER: Sir James Reckitt Charity / Hesslewood Children's Trust / Wilmington Trust

APPLICATION FORM

Application to the Consortium MUST be made by the sponsoring agency. A form which has clearly been completed by the applicant will be returned. Please provide as much information as possible and include a SUPPORTING LETTER.

SPONSORING AGENCY		
NameAddress		_ _
Telephone	email	-
Contact person		_
Date		_
OR OFFICE USE ONLY.	INCOME EXPENDITURE	
APPLICANT		
Supporting letter YES / NO		

E APPLICANT (S)	S) IMPORTANT: This is all required information. The application may be disregarded if the form is incomplete.			
Name	Age			
Full address				
Telephone	Post code			
Place of birth				
Accommodation (horented/council prope		rooms/private		
DETAILS OF ALL F	PEOPLE LIV	VING IN THE HOM	E	
Full name	Age	Relationship to applicant	Place of birth This is REQUIRED information	
S THE APPLICANT seek harity or local assistance			se items (such as another	

WEEKLY INCOME AND EXPENDITURE

Please give details of the WEEKLY income of ALL persons living at the applicant's address. Fortnightly and monthly figures are not acceptable.

				£
1. Paid employment :				
2. Benefits :				
2. Delients .				
2 Danaiana				
3. Pensions :				
4. Disability allowances :				
5. ANY OTHER INCOME				
including contributions from				
family members :				
,			TOTAL :	6
			TOTAL A	2
Please give details of the WE	EKI Y EXPENDITI	IRF of the household. For	ortnightly and	monthly
figures are not acceptable.			orunginiy ama	ey
Food		Hire purchase		
Rent (net)		Maintenance		
Mortgage		T.V. rental / licence / Sk	у	
Council Tax		Telephone		
Clothing		Fines		
Water rates		Debt repayments		
Insurance		Travel / petrol / fares		
Fuel / gas / electricity		Other regular commitme	ents	
* Please explain any abnorma	ally large amounts.		TOTAL	£

THE NEED

Please list the items required in an order of priority.	Where a cooker is involved it is important to make
clear whether it is GAS or ELECTRIC.	

ITEM OF GREATEST PRIORITY :
OTHER ITEMS IN ORDER OF
PRIORITY:
It is the responsibility of the applicant to obtain satisfaction as to the quality of the goods supplied. Any complaint relating to goods supplied is a matter between the applicant and the supplier and the Consortium has no responsibility in this matter.
HOW HAS THE NEED ARISEN ?
WHY IS THE ITEM REQUIRED? If the need arises from a medical condition or disability then evidence must be given in the form of a doctor's note, prescription or registered disability
number.
In accordance with the General Data Protection Regulations (2018) :
1. The information (data) requested in this application form is <u>necessary</u> in order for the application to be considered.
2. The data in this form will only be used for this purpose and nothing else.
3. To enable delivery of your goods it will be necessary for us to provide the supplier with your basic contact details. Other than that, the data in this form will not be passed to third parties.
4. The application form and its data will be retained for <u>a maximum of two years</u> to comply with our Two Year Rule for repeat applications. It will then be destroyed. Thereafter, all that will be retained is a bare computer record of the decision reached and containing no details of personal circumstances.
5. The Consortium affirms the applicant's <u>right of access</u> to the information being held and their right to have it rectified or deleted. Enquiries can be made via the contact details at the bottom of this form.
6. In signing this form the applicant understands and accepts these provisions and gives <u>clear consent</u> for the information in this application form to be used in support of their application.

This is REQUIRED and an application form not signed by the applicant will not be considered.

Signature of applicant

PLEASE SEND THE COMPLETED FORM TO:

ENQUIRIES: cm26hines@hotmail.co.uk

Grant Giving Trusts Consortium c/o 151 FairfaxAvenue

Date

Hull HU5 4QZ

The Administrator