

CONSOLIDATED CHARITY OF BURTON UPON TRENT

Registered Charity No 239072

www.consolidatedcharityburton.org.uk

GRANT APPLICATION FORM

FINANCIAL ASSISTANCE FOR INDIVIDUALS

(Education, Personal Development, Sport, Arts)

Data Protection Statement: it is part of the Trustees' responsibilities to ensure that grant applicants are suitably qualified under the terms of the charity's governing document. Trustees, therefore, need to investigate the personal circumstances of applicants. The personal data supplied on this form and other information relating to the application will be held on file. **Some details may be checked with relevant organisations since the charity reserves the right to investigate and verify what you write in this form**, but no details will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

Completed forms should be returned to: -

Mr J P Southwell
Clerk to the Trustees
Consolidated Charity of Burton upon Trent
1st Floor, Gibraltar House
Crown Square, First Avenue
Burton on Trent
Staffordshire
DE14 2WE

Tel : 01283 527067
Fax : 01283 507969
email : clerk@consolidatedcharityburton.org.uk

GUIDANCE NOTES FOR APPLICANTS

- 1 Applicants must live in the area of benefit. This is the town of Burton upon Trent or the neighbouring parishes of Anslow, Barton-under-Needwood, Branston, Brizlincote, Dunstall, Hanbury, Stretton, Rolleston-on-Dove, Tutbury, Tatenhill and Rangemore and the existing civil Parish of Outwoods including South Outwoods
- 2 Applications will be acknowledged within 7 working days of receipt. (If acknowledgement is not received please telephone 01283 527067.)
- 3 Please complete in BLOCK CAPITALS and BLACK ink.
- 4 Please ensure the form is fully completed and signed. Incomplete forms will be returned to the applicant. **Do not provide additional information as a substitute for completing each section of the form.**
- 5 The maximum grant that can be awarded is £300 in any one year. However, individuals may make further applications in subsequent years.
- 6 Applicants must provide evidence that they have been accepted on the course, event or project for which they are seeking assistance.
- 7 The Trustees will not support applications for postgraduate courses.
- 8 Grant Applications requesting assistance with funding for a driving test will no longer be considered by the Educational Sub-Committee going forward.
- 9 Applications for school trips, including applicants going abroad to conduct charity work, will not usually be considered by the Educational Sub-Committee.

GRANT APPLICATION FORM
Financial Assistance for Individuals
(Education, Personal Development, Sport, Arts)

For office use only;
Date keyed
I/D No.

APPLICANTS DETAILS

SURNAME: _____ [MR/MRS/MISS/MS]*

PREVIOUS SURNAME (if applicable): _____

FORENAME(S) _____

ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE NO: _____

EMAIL: _____

DATE OF BIRTH: _____ NATIONAL INSURANCE NO: _____

HOW LONG RESIDENT IN AREA OF BENEFIT: _____

Have you applied to the Consolidated Charity of Burton upon Trent for a grant before?
[YES/NO]*

If so, please give details: _____

Have you applied to any other organisations for help ? [YES/NO]*

If yes, to whom, how much and the result: _____

ABOUT YOUR REQUEST

Please supply full details of your course, project or event and why you need financial assistance. **Please state the total cost and the amount requested.** Official evidence must be provided. (See notes 5 & 6.)

Failure to provide full details may result in your application being delayed or declined.

BACKGROUND

Please give relevant details about your background (eg. Schools or colleges attended, qualifications, training, work experience, etc).

INCOME

Please provide details of your total household income (include state benefits). **Proof of this information may be requested by The Charity.**

Under £20,000	<input type="checkbox"/>	£30,000 - £39,999	<input type="checkbox"/>
£20,000 - £29,999	<input type="checkbox"/>	£40,000 and over	<input type="checkbox"/>

HOUSING COSTS

Please provide details of your housing costs and state whether you own your own home, rent, live with parents or are in temporary accommodation. Are you (or your household) in receipt of Housing Benefit?

OTHER EXPENDITURE

Please provide details of your other expenditure

CHILDREN AND/OR OTHER DEPENDANTS (if applicable)

FULL NAME	DATE OF BIRTH	RELATIONSHIP
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

CAPITAL

Please give details of any capital you own (eg. Property, Savings, Cars, etc)

DEBTS & LIABILITIES

Please give details of any debts or liabilities you have (eg. Mortgages, HP, Court Orders, Student Loans, etc)

£

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION FORM IS TRUE AND ACCURATE.

I AUTHORISE ANY REPRESENTATIVE OF THE CONSOLIDATED CHARITY OF BURTON UPON TRENT TO MAKE ANY ENQUIRIES FROM ANY THIRD PARTY IN CONNECTION WITH THIS APPLICATION.

THE PERSONAL DATA SUPPLIED ON THIS FORM WILL BE HELD ON FILE. SOME DETAILS MAY BE CHECKED WITH RELEVANT ORGANISATIONS, BUT NONE WILL BE DISCLOSED FOR ANY INAPPROPRIATE PURPOSE. YOU MAY HAVE ACCESS TO YOUR INFORMATION ON REQUEST.

APPLICANTS SIGNATURE _____ DATE _____

Please return the completed form together with all other information required to:

Mr J P Southwell, Clerk to the Trustees, Consolidated Charity of Burton upon Trent, 1st Floor, Gibraltar House, Crown Square, First Avenue, Burton upon Trent, Staffordshire, DE14 2WE

If any assistance is required in completing this form then please call 01283 527067.