Clackmannan District Charitable Trust Application for Assistance

Please complete the following in **Black** INK.

Personal Details

Forename																								
Surname																								
Address																								
Postcode]																			
National Insurance No.																								
Date of Birth			//			/																		
Telephone Number																								
Address of the last twelve Postcode	mc	ont	hs	(if o		ere	nt	froi	m a	bo	ove)):												
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Please indicate the numb (a) Employed Adults	er o							ou Ad		_			(c	c) C	hil	dre	n (age	es)]] [
Assistance																								

Please indicate what assistance is required. Please indicate clearly why the assistance is required.

If there is a medical reason for the application, a doctor's certificate should be submitted with the application. Please give full name of the person for whom the application is made and the name and address of doctor.

Applicant

Forename																
Surname																

Doctor

Forename																
Surname																
Address																
Postcode		İ														

Income

Please indicate the total amount of weekly income, before expenses from ALL sources. State source when applicable eq. family allowance. Please also supply proof of income.

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Have you applied to the Scottish Welfare Fund for the item(s) requested? If **yes** please produce letter of refusal.

Yes No

If you are currently paying a DWP loan indicate how much you are paying and indicate when you will finish repaying the loan.

Have you received grants from other sources? eg. Education Authority clothing grant. If ves, please give details.

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Any other relevant information.

We will use the information you have provided to process your application for assistance from the Clackmannan District Charitable Trust. We may also check some of the information you have provided with:-

- (a) any relevant service of Clackmannanshire Council
- (b) your employer or other party, or
- (c) your doctor

I consent to such persons releasing the information to the Trustees. I declare that the information I have given on this application form is correct and complete and I consent to the Trustees using this information to process my application.

Signature

	 	_		 _	_	
Date		/[/			

If you require any assistance to complete this application form please contact the Assessment and Billing Team, Revenue Services, Kilncraigs, Alloa, FK10 1EB (Tel: 01259 226237) to whom all completed applications should be returned.

For further information on the Clackmannan District Charitable Trust please see www.clacksweb.org.uk/ community/charitabletrust