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 months (if different from above): Postcode Please indicate the number of persons in the household: (a) Employed Adults (b) Unemployed Adults (c) Children (ages) **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

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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