Spittal Trust Application for Assistance

Please complete the following in Black INK. To be eligible to make an application to the Spittal Trust you must have been a resident in Alloa for the last 10 consecutive years.

Forename Surname Address Postcode National Insurance No. Date of Birth Telephone Number				
Address Postcode National Insurance No. Date of Birth Telephone Number				
Postcode National Insurance No. Date of Birth Telephone Number				
National Insurance No. Date of Birth Telephone Number				
National Insurance No. Date of Birth Telephone Number				
Date of Birth Telephone Number				
Telephone Number				
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Address for the last ton years (if different from above).				
Address for the last ten years (if different from above):				
Postcode Postcode				
Postcode				
Disease in disease the mumber of moreons in the household.				
Please indicate the number of persons in the household: (a) Employed Adults (c) Children (ages) (c) Children (ages)				
(a) Employed Addits(b) Onemployed Addits (c) Children (ages)				
Income Please indicate the total amount of WEEKLY income, before expenses from ALL sources. State source when applicable eg. family allowance. Please also supply proof of income.				
Have you applied to the Scottish Welfare Fund for the item(s) requested from the Spittal Trust? If yes please produce letter of refusal. 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 yes, please give details.				

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 Any other relevant information. We will use the information you have provided to process your application for assistance from the Spittal 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 Spittal Trust please see www.clacksweb.org.uk/community/spittaltrust