

Clackmannan District Charitable Trust

Application for Assistance

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

Personal Details

Forename	<input type="text"/>
Surname	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/>
National Insurance No.	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Telephone Number	<input type="text"/>

Address of the last twelve months (if different from above):

	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/>

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.

<input type="text"/>
<input type="text"/>
<input type="text"/>

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	<input type="text"/>
Surname	<input type="text"/>

Doctor

Forename	<input type="text"/>
Surname	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/>

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.

[illegible]

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.

[illegible]

If yes, please give details.

[illegible][illegible]

(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.

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Date

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If you require any assistance to complete this application form please contact the Welfare Benefits Team, Kilncraigs, Alloa, FK10 1EB, e: swf@clacks.gov.uk, t: 01259 226246 to whom all completed applications should be returned.

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