

St Monica Trust Community Fund Application Form for Individuals



Please use this form to apply to us for a gift (specific items) and/or a short term grant (a monthly payment to help in a crisis). There is no need to enclose a covering letter unless you wish to do so.

Please make sure you meet all our eligibility criteria **before** you apply. We only help people who:

1. **have a physical or sensory impairment or long term physical health problem**
2. **live in Bristol, Somerset, North Somerset, Bath & NE Somerset, Gloucestershire, South Glos. or Wiltshire**
3. **have a low income with limited savings**
4. **are age 16 or over.**

If you are not sure whether or not to apply, or if you have any questions about filling in this form, please contact us:

**St Monica Trust Community Fund
Cote Lane
Bristol BS9 3UN
Tel: 0117 949 4003
Fax: 0117 949 4058
e-mail fran.stockford@stmonicastrust.org.uk
www.communityfund.stmonicastrust.org.uk**

If you would like this form translated or in another format, please ask.

What happens next?

After we have received your completed form, we aim to respond within 2 weeks. We may write to you or phone you for further information, or we may arrange to visit you.

When we have all the information we need, we will consider your application and make a decision. We will write and let you know this decision as soon as possible - usually this will be between 2 to 4 weeks after we receive your application.

(Please remove this page from the front of the application before submitting it and keep it for your information.)

St Monica Trust Community Fund Application Form for Individuals

1. About You (the Applicant)

Your full name		Male/female	
Address			
Postcode		Phone number	
Date of birth		Mobile number	
Age (in years)		National insurance number	
Your e-mail address			
Where did you hear about us?			

St Monica Trust Community Fund can only help people who have a physical or sensory impairment or long-term physical health problem. **Please enclose evidence of your medical condition with this application form (e.g. letter from doctor/heath worker/hospital or copy of prescription)**

What is your physical health problem?

Please give details of your current and your partner's previous employment, including any service in HM Forces. (This helps us to identify charities that help people who have worked in certain jobs).

Employer - self	Job title	How long employed?
Employer – partner	Job title	How long employed?

2. About Your Home and the People Living With You

What type of home do you live in (please tick):

House Flat Other (please state).....

Is your home (please tick):

Owned Rented – council
 Supported housing Rented - housing association
 Care Home Rented – private

Details of other people living with you:

Name	Male/ Female	Age (years)	Relationship to you e.g. child, partner, friend

If any of the other people living with you have a physical or sensory impairment or long-term physical health problem, please give details:

3a. Gifts (specific items e.g. gas or electric cooker, wheelchair)

Please describe the item(s) you need:

How will having this item (these items) help you?

What is the total cost of the item (these items)? £.....

How much would you like from St Monica Trust? £.....

Who should cheques be payable to?

(Note: cheques are usually made payable to shops, suppliers or referring agencies, not to applicants.)

**3b. Short-term Grant
(a monthly payment to help in a crisis)**

Please describe why you need a short-term grant and how it will help you:

3c. About other applications you have made:

Please give details of any other charities that you have applied to for help:

Charity name	Result of application (if known)

St Monica Trust Community Fund expects applicants to have applied for all the state funding they are entitled to before asking us for help.

Please give details of any state funding you have applied for e.g. community care grants, disabled facilities grant and the outcome (if known):

Type of funding	Result of application (if known)
	Amount awarded: Used for:
	Amount awarded: Used for:
	Amount awarded: Used for:

Please enclose a copies of any CCG award/rejection letters you have received from the DWP.

4. Referrals

This section only needs to be completed if someone is making an application on your behalf - usually a social worker, advice worker or similar professional.

Name		
Job title		
Organisation		
Address		
		Postcode
Phone number		Mobile number
e-mail address		

Please add any further comments or information supporting this application:

Signed (by referee) **Date**

5. About Your Finances

If you are living with other people, please give details of the income, spending, debts and savings for **everyone in your household**. You can tell us about the income you receive and the bills you pay weekly or monthly, or a mixture of both, just make sure you put the amounts in the right columns.

5a. About Your Income

	Weekly £	Monthly £
Income Support/Pension Credit		
Incapacity Benefit		
Employment & Support Allowance: Contributory or Income Related (You must specify)		
Industrial Injuries Benefit		
Retirement Pension		
Occupational Pension		
Disability Living Allowance - care		
Disability Living Allowance - mobility		
Attendance Allowance		
Carer's Allowance		
Child Benefit		
Wages (take home)		
Working Tax Credit		
Child Tax Credit		
Any other benefits:		
Grants from other charities:		
Any other income:		

5b. About Your Savings

	Current amount £
In bank account(s)	
In building society(s)	
Other:	
Total savings	

5c. About Your Spending

	Weekly £	Monthly £
Rent (after housing benefit)		
Mortgage (after income support)		
Council Tax (after council tax benefit)		
Water/sewerage		
Electricity		
Gas		
Other fuel (calor gas, coal ...)		
Insurance (life, contents, buildings ...)		
Phone		
Food etc. (food, cleaning products, toiletries..)		
TV (rental, licence ...)		
Domestic help (cleaning, gardening ...)		
Personal care (home help ...)		
Laundry		
Travel costs (bus fares, taxis ...)		
Car (petrol, insurance, tax ...)		
Prescriptions/treatment		
Clothing		
Hairdressing		
Pets		
Any other items:		

5d. About Your Debts/Arrears

Please tell us about any amounts owed (rent or mortgage arrears, bank overdrafts, loans, outstanding utility bills, payments to clubs and catalogues) and, if appropriate, the repayments being made.

	Total owed £	Monthly repayments £

6. Declarations and Permissions

- ✓ I declare that, to the best of my knowledge, the information I have given is correct and I will inform St Monica Trust immediately of any change in my circumstances relevant to this application.
- ✓ I give permission for St Monica Trust to store and process my personal information for the purpose of carrying out its charitable objectives. I understand that I have the right to receive a copy of this information and correct any inaccuracies, if appropriate. I also understand that my personal information will be treated confidentially.
- ✓ I give permission for St Monica Trust to share the information I have given on this application with other charities who may be able to help me.
- ✓ I give permission for St Monica Trust to contact other relevant organisations including any referring agency, the Department of Work & Pensions and the Inland Revenue to check, share and receive information relevant to this application.
- ✓ Where I have included information about other named individuals (e.g. children, partner) on this application form, I have notified these individuals and they have given permission for St Monica Trust to store and process their personal information.

Please sign one of the boxes below:

I have read and understood the statements above.

Signed (by applicant).....Date.....

Applicant's Name (in block capitals, please).....

or

(Name)....., who is my (relationship to applicant) has read and told me about this section so I knew what it meant before I signed it.

Signed (by applicant).....Date.....

Applicant's Name (in block capitals, please).....

or

(only in exceptional circumstances)

I am signing on behalf of the applicant because.....
.....(give reason).

Signed (by representative of applicant).....Date.....

Representative's Name (in block capitals, please).....

Now you have filled in this form, please return it to:

St Monica Trust Community Fund, Cote Lane, Bristol BS9 3UN

This page will be removed from the application form before it is seen by a decision-maker.

Equal Opportunities Monitoring

St Monica Trust Community Fund aims to ensure that no application is treated less favourably on the grounds of race, colour, creed, nationality, ethnic or national origin, religious belief, political opinion or affiliation, sex, marital status, sexual orientation or age.

Please help us to monitor this policy by providing details of your ethnic or national origin below.

This information will be kept confidential and will be used for statistical purposes only. This page will be removed from this application form before it is seen by staff and trustees who make decisions about applications.

I describe my ethnic origin/ nationality as:

- White – British
- White – Irish
- White – Other* (*specify below*)
- Mixed – White & Black Caribbean
- Mixed – White & Black African
- Mixed – White & Asian
- Mixed - Other* (*specify below*)
- Asian – Pakistani
- Asian – Bangladeshi
- Asian - Other* (*specify below*)
- Black – Caribbean
- Black – African
- Black - Other* (*specify below*)
- Chinese
- Other* (*specify below*)

*(*please specify*)

I prefer not to give this information

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