

# WELLFIELD TRUST

Reg. Charity No: 296205

## APPLICATION FORM FOR INDIVIDUAL AID

**PAGES 1,2 & 3 TO BE COMPLETED BY THE APPLICANTS (IN BLOCK CAPITALS PLEASE)**

Names of applicants (all adults living in household) :-

<u>1st adult</u>	<u>2nd adult</u>
Surname.....	Surname.....
First name.....	First name.....
Previous Surname(if applicable).....	
Marital Status.....	Marital Status.....
Date of Birth.....	Date of Birth.....
Current Address.....	Tel. No.....
How long resident at above address.....	How long resident in Hatfield (both).....
Previous addresses over last 5 years (both).....	
.....	

If there are more than two adults, please give above details here i.e. full name, previous surname, marital status, date of birth etc :-

.....

How many children in household?.....	Dates of birth .....
	.....

Usual previous occupations of applicants (specify person's name) .....

.....

If not working, jobs in last 5 years with dates(please specify person's name).....

.....

Have you or your partner been in H.M. Forces? (please specify) .....

### WEEKLY HOUSEHOLD INCOME (all occupants of household)

1. Employment (nett pay)    £..... Name of person working.....
2. JSA/Income Support    £..... Deductions i.e. social fund loan/arrears etc. Please specify amount/reason below :-
3. Tax Credit    £.....
4. Child Benefit    £.....
5. Child Maintenance    £..... If not in receipt, please give reason.....
6. Retirement/Widows Pension    £.....
7. Occupational Pension    £.....
8. Disability Living Allow. or Attendance Allow.    £..... Please specify whether care or mobility rate .....
9. Incapacity Benefit    £.....
10. Regular help    £..... Are you receiving any regular financial help from relatives, friends or another source i.e. housekeeping etc.
11. Any other benefits    £..... Please specify.....

**WEEKLY HOUSEHOLD EXPENDITURE (all occupants of household)**

1. Rent/Repayments    £..... State 'nil' if covered by Housing Benefit
  2. Council Tax    £..... State 'nil' if covered by Housing Benefit
  3. Gas/Electricity    £.....
  4. Water    £.....
  5. Household expenditure    £..... Average amount for a week
  6. Home help    £.....
  7. Travel    £..... Essential public transport/car expenses  
(please specify if you use public transport or have a car) .....
  8. Debts    £..... Please list totals/names of outstanding debts below :-  
(total payments per week)  
.....  
.....
  9. Other essential expenditure i.e. House/Contents Insurance etc. Please specify below :-  
£.....  
£.....
- Have you any savings?    £..... Please specify amount

Have you applied to the Wellfield Trust before? If yes, please state when and whether or not you were successful

.....

Have you contacted the Furniture Scheme at 26-28 Hyde Way WGC Tel 01707 395635 to see if they can help? YES/NO (please specify) If 'no' and the item needed can be obtained through the Scheme, you will need to approach them first.  
If 'yes' and they cannot help please tick here.....

**DETAILS**

**THE WELLFIELD TRUST WILL COMMUNICATE ALL CORRESPONDENCE THROUGH YOUR SPONSOR AND NEITHER TRUSTEES OR OFFICERS SHOULD BE APPROACHED CONCERNING YOUR APPLICATION.**

**SHOULD YOUR APPLICATION BE SUCCESSFUL, THE TRUST MAY WISH TO MAKE A VISIT TO ENSURE THAT THE ITEM PROVIDED IS BEING USED FOR THE PURPOSE INTENDED.**

**APPLICATION FORMS MUST BE ACCOMPANIED BY A SHOPWRITTEN ESTIMATE (COMPLEMENT SLIP ACCEPTABLE) UNLESS APPLYING FOR WHITE GOODS OR CARPETS (PLEASE CONTACT WELLFIELD TRUST FOR FURTHER DETAILS).**

**IT IS IMPORTANT THAT YOU READ THE CONSENT AT THE BOTTOM OF THE PAGE.**

Amount requested.....

Purpose of grant.....

If needing more than one item, please list in order of priority. If the application is for carpets and more than one room has been estimated for, then please give rooms in order of priority :-

1st..... 2nd..... 3rd.....

Can you contribute towards the item needed £.....

**In accordance with the Data Protection Act 1998, the Wellfield Trust states that all the information contained within this application form remains strictly confidential and for the knowledge of the applicant, sponsor and Wellfield Trust only. Please indicate by signing that the information you have provided is correct to the best of your knowledge and that you agree to the details provided being used for the purpose stated above.**

**Applicant's consent .....**

**Date .....**

**PAGE 4 TO BE COMPLETED BY THE SPONSOR (IN BLOCK CAPITALS PLEASE) :-**

**DETAILS IN SUPPORT OF THIS APPLICATION**

**(PLEASE READ THE INFORMATION PROVIDED ON PAGE 5 BEFORE APPLYING)**

Name of sponsor..... Organisation.....

Address.....

Phone No.....

Have you applied elsewhere for a grant on behalf of this client (please specify).....

.....

Have applicants been visited in their own home YES/NO (please specify)

Please provide details as to the family's personal circumstances, which should include state of health, living conditions, any special needs and any information which would support their case for a grant from the Trust. We also need to know why the applicants are applying for a particular item (please use space provided & attach extra sheet if necessary) :-

**IF YOU ARE SATISFIED THAT THE APPLICATION FORM HAS BEEN COMPLETED TO THE BEST OF YOUR KNOWLEDGE PLEASE RETURN IT (WITH NECESSARY ESTIMATES) TO :-**

**WELLFIELD TRUST, BIRCHWOOD CENTRE, LONGMEAD, HATFIELD, HERTS. AL10 0AN  
TEL/FAX. 01707 251018**

**Office Hours :- Monday to Friday 9.30 am to 3 pm**

## **GUIDELINE FOR SPONSORS WHEN COMPLETING APPLICATION FORM**

Please take a moment to read these notes, which are intended to help you when applying for a grant from the Trust for help for an individual. Sponsors may be required to demonstrate how an applicant's situation was assessed and, if successful, what measures are available to ensure the aid is used for the purpose intended.

The Trustees are bound to comply with the terms of a scheme approved by the Charity Commission in 1990. The scheme provides that grants may be made; to relieve individual persons who are in condition of need, hardship or distress and resident in the parish of Hatfield and to grant relief to persons who are resident immediately outside the parish but in the opinion of the trustees ought nevertheless for sufficient reason be treated as if resident. The provisions of the scheme give trustees a wide discretion about the extent of the relief that they can give out of the income of the charity, so long as the need is clear. The relief must be reasonable in circumstances, taking into account what relief is available from other sources. **Grants cannot be made towards statutory fines. No commitment to repeat or renew any particular grant can be given.** In case of doubt, the Trust Manager will on preliminary enquiry be glad to try and help with advice. Applications should normally be sponsored by a statutory or voluntary organisation or by a responsible person familiar with the circumstances of the applicants. **GRANTS ARE MADE AT THE DISCRETION OF THE TRUSTEES AND THEIR DECISION IS FINAL.**

- **THE TRUST WORKS CLOSELY WITH THE CVS FURNITURE SCHEME AT BILL SALMON CENTRE AND APPLICANTS SHOULD SEE IF THEIR NEEDS CAN BE MET THROUGH THE SCHEME BEFORE APPLYING TO THE TRUST.**
- All contact is made through the sponsor, applicants should not be encouraged to approach Officers or Trustees of the Wellfield Trust direct.
- If an applicant has received a grant within the last two years then they will not usually be considered for a further grant at this time.
- Applications **WILL NOT** be considered for items already purchased.
- The Trustees are not obliged to give a reason should an application be declined.
- The Wellfield Trust has arrangements with local suppliers for white goods and carpets. Please contact the Trust for further information.
- The Wellfield Trust reserves the right to arrange to visit successful applicants to ensure aid has been and is being used for the purpose intended.

Reg. Charity No. 296205

Wellfield Trust, Birchwood Centre, Longmead, Hatfield, Herts. AL10 0AN