FORM A (Over 21)

The Billincoat Charity (No 233409)

Application for Financial Assistance

Full Name of Applicant Date of Birth Address (incl postcode)	
Telephone/Mobile: Email address:	
Occupation	
About you and your household: Your marital status: How many adults live in your home: Are there any dependant children in your home, if so please give their age/s:	
Current source of income and net earnings Do you have Income from employment? Please specify amount Details of any benefits payments, (this also includes Universal credit, PIP, child benefit and disability benefits). Please specify amounts in £'s. Name & Address of Employer (if you are employed) Is there a second income in the home from a spouse or partner, if so please state the amount in £'s:	

Please tell us what your total household outgoings are per month	
Please state what you require financial assistance for and how much you are requesting. To help your application please give as much detail as possible. (*Continue on separate sheet if necessary)* If you applying for help towards a specific item it is imperative that a quote for that item is included with this form	
Have you made any previous requests to the Billincoat charity for financial assistance and if so what was the outcome?	
Have you applied elsewhere for help Please tell us if you have applied elsewhere for assistance and what was the outcome?	
REFERENCE: Your application must be supported by someone independent who can verify your details if asked. This could be a support worker, social worker, health worker or teacher/tutor if you have one or alternatively an organisation.	I confirm that I know the applicant, have read this application and confirm the details. I am attaching a letter of support for the application. Signed……. (Insert capacity eg support worker) Name and contact details:
Grants will normally be paid directly to the supplier for carpets/ household goods. However in some circumstances we will pay grants directly to the applicant. Please provide your bank details in the box opposite.	Bank name: Sort code: Account number: Account Name:

Signature of Applicant BY SIGNING THIS FORM YOU ARE CONFIRMING THE INFORMATION GIVEN ON THIS FORM IS TRUE	Signed…….. Date ……..

Completed forms should be returned to:

The Clerk to the Trustees,
The Billincoat Charity,
c\o Gummers How,
Newton in Furness,
Cumbria,
LA13 0NB

Data Protection and Privacy

The information you provide on this application form will be collected and used by The Billincoat Charity to assess and administer your application for financial assistance, communicate with you about your application, and meet our legal and regulatory obligations.

We will only collect and use information that is necessary for these purposes and will keep your personal information secure. Where appropriate, information may be shared with relevant third parties who assist us in assessing or administering applications, or where we are legally required to do so.

Some of the information requested may include sensitive personal information, such as information about your health, financial circumstances or other personal circumstances. Where we collect this type of information, we will only use it where permitted by data protection law and where necessary for the purposes of assessing your application.

We will retain your information only for as long as necessary in accordance with our data retention policy.

You have rights in relation to your personal information, including the right to request access to the information we hold about you and, in certain circumstances, to request that it is corrected, restricted or deleted.

For further information about how we collect, use and protect your personal information, please speak to The Clerk to the Trustees for the Billincoat Charity on 07708425503 or by email billincoat.charity@gmail.com

If you have concerns about how we have handled your personal information, you can also complain to the Information Commissioner's Office (ICO).