**Application form for Individual/Family Support Grants**This form must be completed by a support worker on behalf of the individual/family.  
Applications submitted with incomplete responses, or completed by an individual will not be assessed and will be returned.

*Please note that this application form is valid until* ***31 March 2025****. Should you need to apply after this date, please visit our website for the most up-to-date version of the form.*

1. **Client details**

All members of the household must be included. Please complete all fields, incomplete applications will be returned.

**Main client**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **AGE** | **Date of Birth** | **OCCUPATION** |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asian or Asian British** | |  | **Black, Black British, Caribbean or African** | |
| Indian |  |  | Caribbean |  |
| Pakistani |  |  | African |  |
| Bangladeshi |  |  | Any other Black, Black British, or Caribbean background |  |
| Chinese |  |  |  |  |
| Any other Asian background |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mixed or multiple ethnic groups** | |  | **White** | |
| White and Black Caribbean |  |  | English, Welsh, Scottish, Northern Irish or British |  |
| White and Black African |  |  | Irish |  |
| White and Asian |  |  | Gypsy or Irish Traveller |  |
| Any other Mixed or multiple ethnic background |  |  | Roma |  |
|  |  |  | Any Other white background |  |
|  |  |  |  |  |
| **Other ethnic group** | |  |  | |
| Arab |  |  |  |  |
| Any other ethnic group |  |  |  |  |

**Other Household members:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **age** | **Date of birth** | **Occupation** | **Relationship to main client** |
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| --- |
| **Address** |
| **Post Code** |
| **Telephone number** |

1. **Accommodation**Tick or click to select.

Hostel

Owner Occupied  
 Private Tenant

Residential

Sheltered Housing  
 Social Housing

1. **Amount requested £\_\_\_\_\_\_\_**
2. **Details of grant requested**Please list items requested, including costs and weblinks or attach bills or quotes.

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| --- |
|  |

1. **Presenting issues of the client(s)**Tick or click to select all that apply.

Alcohol / Substance misuse  
 Benefit Issues  
 Carers

Domestic Violence

Exceptional Hardship  
 Expectant Mother  
 Homelessness  
 Immigration Issues  
 Learning Disability  
 Mental Health  
 Moving into support housing  
 Moving into a new property

Multiple Debts  
 No recourse to public funds  
 Physical Disabilities / Illness

Prisoner / Probation  
 Relationship Breakdown  
 Vulnerable Person

Other: Please detail below

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1. **Details of circumstances relating to the item(s) requested.**

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|  |

1. **Other sources of support approached**  
   Please give details of other grant applications applied for on behalf of this client (e.g. other trusts, crisis and community support etc.), together with contributions by family members.

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1. **What support are you offering the client?**

Please provide details of other support/assistance your agency is providing to the client, such as debt advice/management, employment support, housing support.

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1. **Monthly household income**Include all income, benefits, pensions and allowances.

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| --- | --- |
| **Income** | **Amount** |
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|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Monthly Income:** |  |

1. **Monthly household expenditure**Include rent, mortgage, council tax, heating, electricity, phone etc

|  |  |
| --- | --- |
| **Expenditure** | **Amount** |
|  |  |
|  |  |
|  |  |
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|  |  |
| **Total Monthly Expenditure:** |  |

1. **Savings £\_\_\_\_\_\_\_**Please provide details of any savings and why they can’t be used to meet the requested grant.

|  |
| --- |
|  |

**Supporting Organisation**

|  |  |
| --- | --- |
| **Support Workers:** |  |
| Name |  |
| Job Title |  |
| Department (if applicable) |  |
| Email Address |  |
| Contact Number |  |

|  |  |
| --- | --- |
| **Organisation:** |  |
| Name |  |
| Address |  |
| Website |  |

1. **Payee Details:**If a grant is awarded it will be made payable to the bank details provided here. We prefer to make payments via the supporting organisation, rather than direct to the client.

|  |  |  |  |
| --- | --- | --- | --- |
| Account Holder’s Name |  | | |
| Account Number |  | Sort-Code |  |
| Bank / Building Society Name |  | | |

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**Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Application:**

**Please return this form to** [**Grants@hwct.org.uk**](mailto:Grants@hwct.org.uk) **applications are not accepted via post.**

*Information about how the HWCT deal with your personal data can be found on the following page.*

The Hampstead Wells and Campden Trust (“**the Trust**”) will use the personal information about the applicant and other individuals which are provided on this form and elsewhere to administer the application and monitoring process and any grant which is awarded. Such personal information may be shared with the organisation which has referred the applicant to the Trust to provide confirmation of the outcome. The Trust may also seek consent from the applicant to share the personal information with other organisations and persons whom the Trust considers may be able to assist the applicant.

The information collected may include sensitive personal information such as details of the applicant’s disabilities or health conditions, and by submitting this form the applicant confirms that they are happy for the Trust to use such information as described above.

More information about the Trust’s use of personal information and of individuals’ related rights can be found in the Privacy Information section on the back of this form.

**All individuals named in this form must be provided with the information above and on the back of this form and must agree to the submission of this application. Wherever possible, the applicant should sign at the end of this form to confirm their agreement, and that of any other individuals named in this form, to this application. If you are submitting this form without the applicant’s signature, you confirm that the applicant and any other individuals named in this form have been provided with the information above and have consented to the submission of this application.**

Personal information is protected by legislation, specifically the Data Protection Act 1998, the Privacy and Electronic Communications (EC Directive) 2003 and, from 25 May 2018, the General Data Protection Regulation.

**Our legal basis for processing personal information**

In respect of sensitive personal data (primarily in respect of health information) we seek consent to process this information. You may withdraw this consent at any time.

In respect of the other personal information provided on this form, the Trust processes this information without consent on the basis that it is in our legitimate interests to do so and where we are confident that such processing is not likely to prejudice an applicant’s legitimate interests or rights or freedoms. Our legitimate interests are that we intend to administer and monitor grants and provide any related support pursuant to this form.

**How long we keep information**

We keep the information provided on this form for the duration of the grant relationship and for 7 years after last contact, which includes any payments made.

**Keeping information up to date**

If at any point an applicant believes the information we hold is incorrect they can request to see this information and have it corrected or in some cases deleted.

**Individual’s rights**

Individuals have the right to ask us to stop processing your personal information, and if it is not necessary for the purpose provided it to us we will do so. Please contact the Trust using the contact details provided on this form if you have any concerns.