

Application for Assistance

Name: Type name		Age: 00
Address: Type address here		Telephone: (Home): (00000) 000000 (Mobile): (00000) 000000
Email address: email		
Assistance required: (e.g. domestic equipment/appliances, school uniform; beds and bedding; care alarms; wheelchair etc) x		
Reason for the application (e.g. financial situation and health issues) x		
Household finances: (give details that you feel are relevant)		
Total weekly income: £ 00.00		Weekly expenditure: £ 00.00
Do you receive State benefits, if yes, please state which: x		
Household details: Number of adults living at this address 0 Number of children living at this address 0 Ages of children 0 x		
Have you previously applied for help from the Dempster Trust? ---- Yes/No		
Applicant Signature: Signature		Date: 00/00 / 2017
I certify that the above details are correct		
Referrer's signature: Signature		Date: 00/00 /2017
Name: Name	Occupation: X	Contact telephone no: (00000) 000000
I certify that the above is, in my opinion in need of the assistance applied for above and I attach a covering letter		
Please return the completed application to the Dempster Trust c/o 21 Broomleaf Road, Farnham, Surrey, GU9N 8DG OR email to joncurtis@thedempstertrust.org.uk		

All the information given in this application will be treated with the utmost confidence and only seen by the Trustees of the Dempster Trust

Reference no: xxx/xxx/xxx

Date received: 00/00/2017

Please refer to Guidance notes to complete the application form.

12/5/17