

## Application for Assistance

Name:	Age:	
Address:		
Telephone (Home):	Mobile:	
Email:		
Assistance required (eg domestic equipment/appliances, school uniform; beds and bedding; care alarms; wheelchairs etc)		
Reason for the application (eg financial situation and health issues)		
Household finances (give details that you feel are relevant)		
Total weekly income: £	Weekly expenditure: £	
Do you receive State benefits, if yes, please state which:		
Household details:		
Number of adults living at this address		
Number of children living at this address		
Ages of children		
Have you previously applied for help from the Dempster Trust <input type="checkbox"/> Yes <input type="checkbox"/> No		
Applicant Signature:	Date:	
I certify that the above details are correct		
Please tick this box <input type="checkbox"/> to confirm that you agree to us collecting, using, storing and sharing your personal information in accordance with our Privacy Policy. See <a href="http://www.thedempstertrust.org.uk">www.thedempstertrust.org.uk</a>		
Referrer's Signature:	Date:	
Name:	Occupation:	Contact Number:
I certify that the above is, in my opinion in need of the assistance applied for above and I attach a covering letter		
Please tick this box <input type="checkbox"/> to confirm that you agree to us collecting, using, storing and sharing your personal information in accordance with our Privacy Policy. See <a href="http://www.thedempstertrust.org.uk">www.thedempstertrust.org.uk</a>		

Please return the completed application to:

[joncurtis@thedempstertrust.org.uk](mailto:joncurtis@thedempstertrust.org.uk) or The Dempster Trust c/o 21 Broomleaf Road, Farnham, Surrey, GU9N 8DG

## Guidance notes to complete the Application Form

### Box 1

The applicant should complete this section in full giving full name, address and telephone numbers. An email address is also preferred for contact purposes by the Dempster Trust.

### Box 2

It is important to state the type of assistance required. The Trustees would expect some effort to be made with regards to size and type of goods as well as their estimated costs. For example if school uniforms are requested then the Trustees would expect an itemised list of items together with their costs.

**The Trustees do not give cash grants to individuals or settle individual debts.**

The second part of this section requires a clear description of the need for the application. This may require details of household or financial circumstances including health issues to support the application.

### Box 3

The Trustees need to know about any relevant household financial details including weekly income and expenditure, if the applicant receives State benefits and the household details including the number of adults and dependant children.

It is important to tell the Trustees if you have had help from the Dempster Trust before.

### Box 4

The applicant needs to sign and date this section and confirm that all the details are correct.

You are requested to tick a box to confirm that you agree to The Dempster Trust collecting, using, storing and sharing your personal information in accordance with our privacy policy

### Box 5

Applications are generally not considered unless they are supported by a referee. This could be a Social Worker, GP, Social Services, Home School Link Worker, Head Teacher, Health Visitor, Nurse or Voluntary Organisation.

The referee should know about the applicants situation and be able to verify the details. Where appropriate a covering letter could accompany the application.

The referee should state their name and occupation and provide a telephone number for contact purposes. The Trustees may contact the referee to verify details.

The application form must then be sent to the address provided or email to the email address provided.

You are requested to tick a box to confirm that you agree to The Dempster Trust collecting, using, storing and sharing your personal information in accordance with our privacy policy.

Please return the completed application to:

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