

APPLICATION FORM – Ex Gratia only

All information on this form will be treated in confidence.



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1. APPLICANT'S DETAILS:

Full name:	Tel No:
Address:	Mobile No:
	Email 1:
	Email 2:
Post code:	Preferred method of contact:
Relationship to Officer:	

2. OFFICER'S DETAILS:

Full name of Officer:
Rank and number:
Current or last employing force:
Name of Deceased Parent if different from above:
Date of death/incapacity:

3. DETAILS OF DEPENDANTS STILL IN FULL TIME EDUCATION

Full name:	Date of birth (dd/mm/yyyy)	Relationship to applicant	Resident with applicant - Y/N

4. MONTHLY INCOME OF HOUSEHOLD

Net earnings of self	
Net earnings of spouse/partner	
State pension	
State child benefit	
Widowed parents' allowance	
Occupational pension	
Police pension (self)	
Children's police pension	
Maintenance payments	
Investment income	
Police Dependant's Trust	
Force Benevolent Fund	
Any other income	
	TOTAL - £'s =

5. OTHER MONTHLY STATE BENEFITS

Child benefit	
Child tax credit	
Working tax credit	
Statutory sick pay	
Incapacity benefit	
Disability working allowance	
Industrial Injuries disablement benefit	
Severe disablement allowance	
Income support	
Maternity allowance/statutory maternity pay	
Job seekers allowance	
Carer's allowance	
Any other state benefit	
	TOTAL - £'s =

6. COMBINED MONTHLY INCOME AND BENEFITS

TOTAL - £'s =

7. CLAIM DETAILS

The information that you provide in this section will provide the Charity with information that will enable it to make a fully informed decision on your claim therefore please be as descriptive and informative as possible when answering the questions below.

Please describe in detail the item that you are applying for a grant for
How much does the item cost? (please provide additional information to support this)
How will this item make a difference to your life?
Please explain in detail how not having this item currently is impacting on your life.
If you have applied for funding for this item elsewhere, please provide full details
How much are you prepared to contribute towards this item? £

(Continue to page 4 if you need extra writing space)

8. APPLICANT'S DECLARATION

- I understand that all personal information on this form will be confidential to St George's Police Children Trust and shared in confidence only with other police charities; and that the personal information will not be shared with persons other than that without my express consent unless required to do so by law.
- In order to provide the best possible levels of service, updates or other information I agree to the St George's Police Children Trust contacting me using the details I have provided.

I am the parent/guardian of the child/children for whom application for a benefit is made. I certify that the information given in this application is, to the best of my knowledge and belief correct and that should any over-payment be made this will be repaid without any undue delay.

Signature:

Date:

Print name:

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