



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)**

**5. 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.
  
- FOR SERVING OFFICER GRANT APPLICATIONS ONLY**  
I have attached two copies of my pay slips showing donations to SGPCT; most recent and one from 12 months previously.

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:** .....

**FOR SERVING OFFICER APPLICATIONS ONLY**

**6. APPLICANT'S BANK DETAILS**

**Please note:** All allowances are paid by BACS. Failure to provide bank details is likely to result in the non-payment of a benefit.

**Name of Bank/Building Society:**

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**Address of Bank/Building Society:**

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**Post code:**

**Sort Code:**

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**Account Number:**

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**Building  
Society  
Ref/Roll  
number:**

**Signature:** .....

**Date:** .....

**Print name:** .....

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