

# APPLICATION FORM

## Serving Officers Child Counselling Grant

All information on this form will be treated in confidence.



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### 1. APPLICANT'S DETAILS:

<b>Full Name of Officer:</b>	
<b>Rank and Number:</b>	
<b>Current Force:</b>	
<b>Address:</b>	<b>Tel No:</b>
	<b>Mobile No:</b>
	<b>Email 1:</b>
	<b>Email 2:</b>
<b>Post code:</b>	<b>Preferred method of contact:</b>

- I confirm I am a current SGPCT Donor
- I have supplied my most recent pay slip and one from at least twelve months previously validating my regular donation to SGPCT.

### 2. NAME OF CHILD APPLYING FOR GRANT

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

### 3. 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 supply a brief outline of the events leading to your application and the benefits you hope to achieve for your child

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Please provide name and address of Counselling service

Amount of claim (please provide receipt)

#### 4. 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 have attached two copies of my pay slips showing donations to SGPCT; most recent and one from 12 months previously.
- I have attached relevant documents from a counsellor / school / relevant organisation in support of this application

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:** .....

**5. 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:**

<b>Post code:</b>
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**Sort Code:**

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**Account Number:**

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**Building Society Ref/Roll number:**

**Signature:** ..... **Date:** .....

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