



*Relieving poverty in
Fulham since 1618*

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London SW6 7DT

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E: clerk@debk.org.uk

Office Use Only

Date received:

Decision:

Date:

GMS Ref:

Application for Assistance for Relief in Need

CONFIDENTIAL – TO BE USED BY PERSONAL APPLICANTS TO THE CHARITY

Guidance notes

Please fill in the form to the best of your ability. It is important that the Trustees have a clear idea of what you need and confirmation that you cannot get help from anywhere else.

Is it vital that you provide us with a contact telephone number – as we may contact you by phone.

About you

Full Name: _____
Surname *First name/s*

Title: _____ Date of Birth: _____ Age: _____
Mr/Mrs/Miss/Ms *dd/mm/yyyy*

Address: _____
Street Address

_____ Postcode: _____
City

Phone: _____ Email: _____
You must provide a contact number

How many years have you lived in Fulham?

_____ *You must live in our area of benefit. If you are not sure, please visit www.debk.org.uk for a map or to search your street name*

Is anyone else helping you to complete this form?

Yes No

Please tick one. If a support worker is helping you, ask them to check that they're using the right form. There is a separate form for supported applications.

About who else lives with you

1. Full Name: _____
Surname *First name/s*

Relationship to you: _____ Gender: _____ Age: _____
E.g. daughter, son, aunt *E.g. male, female*

2. Full Name: _____
Surname *First name/s*

Relationship to you: _____ Gender: _____ Age: _____

3. Full Name: _____
Surname *First name/s*

Relationship to you: _____ Gender: _____ Age: _____

4. Full Name: _____
Surname *First name/s*

Relationship to you: _____ Gender: _____ Age: _____

5. Full Name: _____
Surname *First name/s*

Relationship to you: _____ Gender: _____ Age: _____

6. Full Name: _____
Surname *First name/s*

Relationship to you: _____ Gender: _____ Age: _____

Please continue on another page, if required.

About your household

Do you:

Own your home

Rent your home

Please tick one.

If you rent your home, who is your landlord?

Does anyone who lives with you, other than you, have a disability?

If yes, please tell us more about this disability:

Does anyone who lives with you, other than you, have any income?

If yes, please tell us more about the income. We may ask for proof of amount.

About the items you are asking for

Please list items you are asking for:

These must be essential items, and your list should not include individual items of a cost less than £15 unless agreed in advance

Item 1:

Item 2:

Item 3:

Item 4:

Item 5:

Please note: Our 'core' items are washing machines, fridges and freezers, cookers, beds bedding kits, wardrobes, chests of drawers, clothing, childcare equipment, carpeting, and materials for decorations. With carpets, we will be looking at whether the existing flooring is acceptable for your use, room by room. We do also provide dryers, microwaves, tables and chairs and sofas but we would need to know a bit about why these are a severe need for you. Any items not mentioned here you will need to make the case for, item by item, or talk to us in advance.

About your weekly income

<u>Name</u> the types of benefits you receive, if any:	<u>How much, weekly?</u>
Benefit 1: _____	£ _____
Benefit 2: _____	£ _____
Benefit 3: _____	£ _____
How much do you get from work that you do, each week?	£ _____
How much do you get from people that live with you, each week?	£ _____
What is the <u>total</u> of all your income?	£ _____
<i>Please add up to provide a grand total.</i>	

About your weekly expenditure

How much is your rent?	£ _____
How much is paid by <u>you</u> ?	£ _____
How much is paid by <u>housing benefit</u> ?	£ _____
And <u>how much</u> do you spend on the following things, weekly?	
Gas: _____	Travel: _____
Electricity: _____	Home insurance: _____
Water: _____	TV Licence: _____
Council tax: _____	Phone contracts: _____
Running a car: _____	HP / debt repayments: _____
Home help / childminding: _____	Clothing: _____
Food: _____	Other items: _____
What is the <u>total</u> of all your expenditure?	£ _____
<i>Please add up to provide a grand total.</i>	

More about your application

Please tell us if you have any savings?

Have you tried to get help from Local Support Payments?

How did you find out about us?

Do you have anyone else you get help from?

E.g. a social worker, CPN or family member

Tell us more about why you have come to this charity for help:

Tell us about your situation, about any work that you do, about what problems you face and about what help you get from others.

Privacy Notice

At Dr Edwards and Bishop King's Fulham Charity, we are committed to protecting your personal information and being transparent about what information we hold about you. Whenever you provide such information, we are legally obliged to use your information in line with all applicable laws concerning the protection of personal information, including the Data Protection Act 1998, the Privacy and Electronic Communication Regulations (2003), and the General Data Protection Regulation 2018.

When we collect personal information:

We collect personal information about you when you interact with us (e.g. in person, by post or phone) in order to access our grant funding services. The types of information we might collect include names, postal addresses, email addresses, phone numbers, date of birth and income as well as information of a medical and personal-sensitive nature.

We may also receive further information from referral agencies which is only shared with us under strict guidelines and where information sharing could enable access to our services.

We may also collect personal-sensitive information including but not limited to race, gender, disability and family life but these will be anonymised and no individual will be identifiable.

How long we store your data:

None of the data described in this section will be held by us for longer than five years, with the exception of your name and address which will be held by us for 10 years.

Data security:

Dr Edwards and Bishop King's Fulham Charity is committed to keeping your personal information safe and secure and we have physical and technical measures in place to help protect your information.

Contact:

If you have any queries about this Privacy Notice, please contact the Clerk on 020 7386 9387 or clerk@debk.org.uk.

Privacy consent (signature)

I, the applicant, confirm that I have read the Privacy Notice and that I consent to Dr Edwards and Bishop King's Fulham Charity storing my personal information:

Signature: _____ **Date:** _____

Application Disclaimer (signature)

I, the applicant, certify that my answers are true and complete to the best of my knowledge. I understand that the charity may make reasonable checks, and that recovery action may be taken if I take up any grant which turns out to be based on information which the charity judges as seriously and intentionally misleading or fraudulent.

Full Name: _____

Signature: _____ **Date:** _____

Equal Opportunities Monitoring Form

Dr Edwards and Bishop King's Fulham Charity promotes equality and diversity in our selection process. In order to ensure our equality and diversity policy is operating effectively, we would be grateful if you would complete the monitoring form. In compliance with the Data Protection Act, we will treat all information contained within this form as confidential. This information you provide is for monitoring purposes only.

Reasons for needing the charity's help:

- Homelessness:
- Domestic violence:
- Under 21 years of age:
- Asylum seeker:
- Long-term illness:
- Mental health problems:
- Single parent:
- Other (please give details): _____

Ethnic origin, as defined by applicant: _____