



*Relieving poverty in
Fulham since 1618*

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E: clerk@debk.org.uk

Office Use Only

Date received:

Decision:

Date:

GMS Ref:

Agency Application for Assistance for Relief in Need

CONFIDENTIAL – FOR USE BY STATUTORY OR VOLUNTARY AGENCIES ONLY

Checklist

Please check you've taken the following steps, prior to emailing or posting your submission:

- You are completing this form only if you are an agency acting on behalf of a client
- You have provided us with a contact telephone number in case we need to contact you
- You have checked that your client lives in our benefit area, details of which are found at debk.org.uk/eligibility
- You, or your agency, have made a visit to the client's household to assess the needs applied for
- You have clearly stated specific needs of the individual, i.e., not just 'a cooker' but if it's gas or electric
- You have given us the supplier name and reference of any specific items required, e.g. from Argos
- Where carpets or vinyl are applied for, you have arranged for an estimate (London Carpets 020 7602 7710)
- You or your agency have completed an income and expenditure analysis for or with your client, and be able to confirm that there are no funds or savings to cover the items applied for

If you are unsure on the process to take at any stage, then please contact us for advice.

About the client (for whom the grant is intended)

Full Name:

Surname

First name/s

Title:

Mr/Mrs/Miss/Ms

Date of Birth:

dd/mm/yyyy

Age:

Address:

Street Address

City

Postcode: _____

Phone:

You must provide the client's contact.

Email: _____

How many years has the client lived in Fulham? _____

The client must live in our area of benefit. If you are not sure, please visit www.debk.org.uk/eligibility to search street name

About who else lives with the client

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

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

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

Relationship: _____ Gender: _____ Age: _____

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

Relationship: _____ Gender: _____ Age: _____

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

Relationship: _____ Gender: _____ Age: _____

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

Relationship: _____ Gender: _____ Age: _____

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

Relationship: _____ Gender: _____ Age: _____

Please continue on another page, if required.

About the client's household

Does the client:

Own their home

Rent their home

Please tick one.

If rented, who is the landlord?

Does anyone who lives with the client have a disability (not including the client)?

If yes, please tell us more about this disability:

Does anyone who lives with the client 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 on behalf of the client

Please list items you are asking for:

These must be essential items, and 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 the client's weekly income

<u>Name the types of benefits the client receives, if any:</u>	<u>How much, weekly?</u>
Benefit 1: _____	£ _____
Benefit 2: _____	£ _____
Benefit 3: _____	£ _____
How much does the client get from work, each week?	£ _____
How much does the client get from people that live in the same household, each week?	£ _____
What is the <u>total</u> of all the client's income? <i>Please add up to provide a grand total.</i>	£ _____

About the client's weekly expenditure

How much is the client's rent?	£ _____
How much is paid by <u>the client</u> ?	£ _____
How much is paid by <u>housing benefit</u> ?	£ _____
And <u>how much</u> does the client 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 the client's expenditure? <i>Please add up to provide a grand total.</i>	£ _____

More about the client's finances

Please tell us if the client has any savings?

Has the client tried to get help from Local Support Payments?

How did you find out about applying to us?

Does the client have anyone else giving help?

E.g. a social worker, community psychiatric nurse, or family member

Tell us more about why you have come to this charity for help on behalf of the client. Tell us the date of your most recent visit to them, and about their overall circumstances, work history, and difficulties:

This is where you can help us understand the challenges faces, and make the case for requests, as needed.

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:

The information you share with us about a person, to access our grant funding services comes under strict guidelines and where information sharing could enable access to our 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 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 names and addresses 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: _____