**THE FARRINGDON HOUSE SCHOOL**
**CHARITABLE TRUST**

APPLICATION FOR GRANT CONFIDENTIAL

**Please Note**

(a) The **SOCIAL WORKER** is the **APPLICANT**. He/she needs to complete this application form.

(b) All information will be treated as confidential. It is sought only in order to enable the competing needs of potential beneficiaries to be fairly assessed.

(c) Please answer each question fully, particularly the financial details **(if appropriate)**.

(d) Applicants or their sponsors **must** check that assistance or benefit is unavailable from the Department for Works and Pensions, or from other public funds.

This form is provided so that you can tell the Trustees about:-

(i) the family circumstances.

(ii) who would benefit from a grant.

(iii) why help is needed.

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## DETAILS OF BENEFICIARY (whom the grant would benefit)

**1.** Full name:

Date of Birth:

Address (including postcode):

Email:

**Please type or write clearly when completing the form. Please make sure that all questions are answered with all the details requested – this will speed up processing.**

**2.** Has the beneficiary at any time (tick all that apply):

(a) Been in the care of the local authority within the geographical country of Devon? ☐

(b) Been provided with accommodation by a local authority within the geographical county of Devon, for example as a care leaver? ☐

**3.** For how long has the beneficiary been resident in Devon?

**4.** Education Details – Schools/College
Please provide **full details**, including any periods of home tuition. Include dates of attendance and details of qualifications, if appropriate.

| **Schools/Colleges (with addresses)** | **Dates & Qualifications obtained** |
|---|---|
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**5.** Give details of any personal income of the beneficiary.

**6.** What would the grant be for? Please itemise cost and how much grant you are applying for.

| **Item** | **Cost (£)** |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| **TOTAL:** | |

## DETAILS OF APPLICANT
## (Social Worker)

**7.** Applicant's full name:

Relationship to the beneficiary:

Address (including postcode):

Tel No:

Email:

**8.** (a) Give details of any previous applications to the Trust made **for this beneficiary**.

(b) Give details of dates and amounts granted, if any.

**9.** Reason for application. Please give as many details as possible, if necessary in a supporting letter.

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*Please Tick*

*I confirm that I have checked that assistance or benefit is unavailable from the Department of Work and Pensions or from any other public funds.* ☐

*I further confirm that the details in Nos 1 to 9 of this form are correct. I understand that the Trustees are under a duty to protect the charitable funds they administer and to this end may carry out any checks they feel necessary for the prevention and detection of fraud.* ☐

*I agree to ongoing reports concerning the Beneficiary being provided to the Trustees in the event that continuing grants are made to him/her for educational or training purposes.* ☐

**Failure to complete this form in full will result in either delay or an inability to consider the application.**

| | |
|---|---|
| Applicant's Signature: | |
| Date: | |

**IF APPLICATION IS SUCCESSFUL – PLEASE NOTE PAYMENT CAN ONLY BE MADE BY CHEQUE**

**PROVIDE PAYEE DETAILS BELOW:**

| | |
|---|---|
| **NAME OF PAYEE:** | |
| **ADDRESS OF PAYEE:** | |

## SPONSOR PAGE

We need to be able to contact a "Sponsor", someone who knows the beneficiary. This should usually be a **teacher or tutor**. Please ask your chosen sponsor to complete the form below after you have completed the rest of the firm.

| | |
|---|---|
| Sponsor's full name: | |
| Address (including postcode): | |
| Tel No: | |
| Email: | |
| Occupation: | |
| How long have you known the proposed Beneficiary? | |
| In what capacity? | |

Would you benefit personally from the award of this grant? Yes ☐ No ☐

Please add a few lines to explain why the application should be supported **after** you have seen the completed application.

| |
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|---|---|
| Signature of Sponsor: | |
| Date: | |

**When completed, please return by email to:-**
farringdontrust@wollens.co.uk