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Client ID	
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WOMEN'S HOLIDAY FUND GRANT APPLICATION FORM

IMPORTANT NOTES ON THE GRANT APPLICATION PROCESS

Application Form

- **Are you using the correct application form?** This application form is for Family Action's **Women's Holiday Fund** only.
- If you wish to apply to fund anything **other** than a **holiday for a woman and her children (if any)** living in London, please use the relevant application form which can be obtained from the Family Action website www.family-action.org.uk/welfaregrants (eligibility for all other funding through Family Action is also outlined on the website).

Eligibility (Family Action's Women's Holiday Fund)

- The applicant **must** be a woman and her children (if any) resident in Greater London, who is applying for a grant for a recuperative holiday.
- The application must be made via a referring agency or other relevant professional.

Application Procedures

- Please provide **all** the information requested on the form: appended documentation will not be accepted, with the **exception** of the supporting statement.
- The referring agency must provide a full supporting statement on **agency** letterhead. The statement should demonstrate how a recuperative holiday would make a difference to the life of the applicant and her children (if any).
- Grant applications should usually be made in **January** for holidays in **March to June**, in **May** for holidays in **July to October** or in **September** for Holidays in **November to February**.

1. Personal details of applicant

Title: Mr Ms Mrs Miss Other (specify).....

Family name.....Forename.....

Address.....

.....Postcode.....

Date of birth...../...../..... Age..... Place of birth.....

Residency status: UK National EU National Full Refugee Status Indefinite Leave to Remain

Exceptional Leave to Remain/ Humanitarian Protection/Discretionary Leave Asylum seeker

Appealing Home Office decision Other (Specify).....

If the applicant has **Full Refugee Status, Indefinite Leave to Remain, Exceptional Leave to Remain, Humanitarian Protection** or **Discretionary Leave**, please provide the decision date:

Date of the Home Office decision:.....

Does the applicant have a mental or physical disability: No Yes

If yes, please provide details.....

Religion.....

2. Household Details

Family Status: Couple without children Couple with children Single Single parent

What kind of accommodation does the applicant occupy? Council tenant Owner occupier

Housing association Part owner Refuge/Hostel Other (please specify)

3. Details of all household members

Relationship to applicant (parent, child, spouse, partner etc)	Age	Illness/Disability	In Education/Employment/Unemployed/Retired (specify)
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4. Details of grant requested

4.1 Please specify where the client wishes to go on holiday, together with details of any children accompanying the applicant.....

Dates: From To

Type of holiday (e.g. package holiday, cottage etc).....

Travel costs £..... Accommodation £.....

Other (please specify) £

Total funding required £.....

4.2 Total funds raised to date £.....

4.3 Contribution requested from Family Action £.....

4.4 Previous applications to Family Action (if yes, please give details) No Yes

4.5 Are you waiting the outcome of other grant applications (e.g. Family Fund, Charitable Trusts)?

No Yes If yes, please give details.....

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5. Financial details

5.1 Details of applicant's **WEEKLY** income and expenditure - monthly figures will **not** be accepted.

We need to know the income and expenditure of the **WHOLE** household including any partner or other household members.

	WEEKLY INCOME		WEEKLY EXPENDITURE
Housing Benefit	£.....	Rent/mortgage	£.....
Council Tax Benefit	£.....	Council Tax	£.....
Earned income	£.....	Housekeeping (food etc)	£.....
Working Tax Credit	£.....	Water Rates	£.....
Income Support	£.....	Gas	£.....
Child Benefit	£.....	Electricity	£.....
Child Tax Credit	£.....	Telephone	£.....
Jobseeker's Allowance	£.....	Repairs and maintenance	£.....
NASS	£.....	Laundry	£.....
Retirement Pension	£.....	HP/Clubs	£.....
Pension Credit	£.....	Fares/Car	£.....
Private pension	£.....	Home help	£.....
Widow's Pension	£.....	Care charges	£.....
Maternity Allowance	£.....	Childminding	£.....
Incapacity Benefit or SSP	£.....	Television	£.....
Carer's Allowance	£.....	Debts	£.....
Disability Living Allowance	£.....	Other (specify)	£.....
Attendance Allowance	£.....	Other (specify)	£.....
Guardian's Allowance	£.....	Other (specify)	£.....
Other (specify)	£.....	Other (specify)	£.....
Total income	£.....	Total Expenditure	£.....

5.2 Are there any direct deductions from benefits? Yes No

If yes, please specify.....

5.3 Give details of any savings £.....

5.4 Give details of any debts including repayment schedules.....

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6. Details of referring agency

How long has the applicant been known to you? Years Months.....

Tel No: Fax Email



Referring agent name and address

It is important that the following information is provided legibly, **INSIDE** the box on the left, as if we need to return the form to you, this is used in a window envelope. We need the name and job title of the agency contact, followed by the agency name and address.

7. Cheque payee

IMPORTANT: Cheques are NEVER made payable to individuals. All payments MUST be processed via the referring agency and will only be made payable to the referring agency account or to a service provider such as a travel agent or airline. Cheques will be sent to the named worker at the address provided in Section 6 of this Grant Application Form.

Cheques made payable to

8. Authorisation

IMPORTANT: We are unable to process applications that have not been properly completed and authorised. Before signing please check that the form has been fully completed. **Incomplete or unsigned forms will be returned to the referring agency.** Three signatures are required as follows: the applicant, the referring agency worker and their supervisor.

The information on this form is correct to the best of my knowledge and belief.

Data Protection: The information you provide in this application form will be held and processed in accordance with the Data Protection Act 1998 and will be used by Family Action and its agents to enable Family Action to carry out grant processing, analysis, auditing and accounting. The information on this form may be used as a case study for use on our website, in publicity and reports; personal details will be changed to ensure anonymity. We may need to discuss the information on this form with other agencies and organisations. However we need your consent to do this.

By completing this form you are consenting to Family Action recording and sharing relevant personal information about you.

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Signature of applicant Date

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Signature of referring worker Date

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Signature of supervisor Date

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Trust Recommended Date of meeting

Panel decision

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Completed form AND supporting statement should be sent to Grants Administration at the address below.

Family Action, 501-505 Kingsland Road, London, E8 4AU
Tel: 020 7241 7459 (Tuesday Wednesday & Thursday from 2pm to 4pm) Fax: 020 7249 5443
Email: grants.enquiry@family-action.org.uk Web: www.family-action.org.uk/grants