

John Martin's Charity 16 Queen's Road Evesham WR11 4JN Telephone – 01386 765440 www.johnmartins.org.uk enquiries@johnmartins.org.uk	CONFIDENTIAL APPLICATION FORM SCHOOL UNIFORM GRANT Registered Charity No - 527473
---	--

Please complete all sections, enter "n/a" as appropriate. Supporting documents must be provided.

Applicant's Personal Details:

Name in full Mr/Mrs/Miss/Ms/Other			
Names previously known by			
Address			
Post Code			
Telephone		Mobile Telephone	
Applicant's date of birth		National Insurance Number	
Length of residence in Evesham			

Spouse/Partner's Details:

Name in full Mr/Mrs/Miss/Ms/Other			
Names previously known by			
Partner's date of birth		National Insurance Number	

Children, dependents or other occupants at the property

Name	Date of Birth	Relationship to applicant	Name of School/College/ employer etc.

For office use - Date Issued:

Child and uniform details.

Please note that clothing grants for College courses will only be considered if specific items are detailed for the course being undertaken (i.e. work boots, overalls, badged items, etc.)

Child's name: _____ Year group uniform required for: _____

School/college name: _____

For College courses only: Course title: _____

Items required: _____

Cost: £ _____

Child's name: _____ Year group uniform required for: _____

School/college name: _____

For College courses only: Course title: _____

Items required: _____

Cost: £ _____

Child's name: _____ Year group uniform required for: _____

School/college name: _____

For College courses only: Course title: _____

Items required: _____

Cost: £ _____

Are you a UK Resident for tax purposes?

If no, please provide tax reference & country

YES

NO

By completing this Form, I/we acknowledge that John Martin's Charity may store and use this information in accordance with the Charity's Privacy Notice in order to consider providing me/us with grant assistance. The Privacy Notice is freely available from the Charity's office and website.

Other than where detailed in the Privacy Notice, if this information needs to be shared with third parties, John Martin's Charity will request my/our consent.

Note - False declarations will be deemed fraudulent, the application will be rejected and further applications will not be considered.

I/We declare that the information given by me/us on this Form is correct and completed to the best of my/our knowledge.

I/WE HAVE READ THE ABOVE DECLARATION AND REQUEST ASSISTANCE FROM THE CHARITY

Signed: Signed.....

Dated: Dated

All grants are awarded at Trustees' discretion.