## **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				
				T
Telephone		Mobile	e Telephone	
		Nation	nal	
Applicant's date of birth		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 occup	ants at the p	ropert	y	
Name	Date of E	Birth	Relationship to applicant	Name of School/College/ employer etc.

For office use - Date Issued:

## Recent supporting documents must be provided to evidence the following information: Specify Date Date For office use: Income Frequency last paid next due Evidenced £ Wages Wages - partner £ Working Tax Credit £ Universal Credit /JSA £ Income Support £ ESA / Sickness / Incapacity £ Child Benefit £ Child Tax Credit £ £ Maintenance £ Maternity benefit £ Pension Credit State Pension £ Private Pension £ £ Pension - partner £ Attendance Allowance DLA - Care £ DLA – Mobility £ Invalid Care Allowance £ Other: £ **Housing Costs** Rent/Mortgage paid by applicant/s £ Housing benefit received £ Paid to Landlord / Applicant Total rent /Total mortgage £ Rent/Mortgage arrears £ Council Tax paid by applicant/s £ Council Tax support received £ Total Council tax £ £ Council Tax arrears Council Tax Band **Benefit Deductions** Amount of deduction £ £ £ £ Reasons i.e. social loan, fines etc.. Amount outstanding Final repayment date

Financial Details:

Capital Bank

**Building Society** 

National Savings/Bonds

Shares/ISA

Other

£

£

£

Child and uniform details	S.					
Please note that clothing for the course being und			II only be considered if spe Ils, badged items, etc.)	cific items are detailed		
Child's name:		Y	ear group uniform required fo	or:		
School/college name:						
For College courses only:	Course title:					
	Items required:					
	Cost:	£				
	Year group uniform required for:					
School/college name:						
For College courses only:	Course title:					
	Items require	d:				
	Cost:	£				
**************************************	*****	*************************	**************************************	******** DF:		
School/college name:				·		
For College courses only:	Course title:					
	Items require	d:				
	Cost:	£				
Are you a UK Reside			YES	NO		
information in accordance	ce with the C	harity's Privacy N	Martin's Charity may store lotice in order to consider perform the Charity's office	providing me/us with		
Other than where detailed John Martin's Charity with the control of the control o			information needs to be s	hared with third parties,		
Note - False declaration applications will not be			nt, the application will be	rejected and further		
I/We declare that the inf my/our knowledge.	ormation give	en by me/us on th	nis Form is correct and con	npleted to the best of		
I/WE HAVE READ THE A	BOVE DECLA	ARATION AND RE	QUEST ASSISTANCE FRO	M THE CHARITY		
Signed:		Signed				
Dated: Dated						