

Office use only Application received

| | | | |
|----------|--|--|--|
| Ref | | | |
| Decision | | | |
| Detail | | | |

BBC Children in Need Application Form
Private and Confidential
Anne Robertson
VAS
Market House
14 Market Street
LERWICK
ZE1 0JP

APPLICATION FORM please read the attached guidelines

(PLEASE USE BLOCK CAPITALS AND BLACK INK)

1 DETAILS OF CHILDREN IN APPLICATION (use separate sheet if necessary)

| CHILD'S NAME | DATE OF BIRTH | SEX | |
|--------------|---------------|-----|---|
| | | M | F |
| | | M | F |
| | | M | F |
| | | M | F |

2. HOME DETAILS

| | |
|--------------------------------|--|
| NAME | |
| HOME ADDRESS | |
| TOWN | |
| POST CODE | |
| SIGNATURE (OF PARENT/GUARDIAN) | |

3 FAMILY CIRCUMSTANCES (circle /tick as appropriate)

| | | | | | | |
|--|---|-------------|--------------------------|------------------|---------|-------|
| With whom does the child/children live? | Parents | Lone parent | Relatives | Grand parents | Sibling | Alone |
| | Foster Care | Adopted | Other please give detail | | | |
| What kind of accommodation does the family inhabit | Local Authority/ Housing Association | | | Private Landlord | | |
| | Temporary Accommodation | | | Refuge | | |
| | With Other Family Members | | | Owner | Other | |
| Have the family received | Community Care Grant Date: | | Social Fund Loan Date: | | | |
| Have you applied to any other charities? | Yes (please give details) | | | | | |
| | No (please give reasons why no other funding sources are available) | | | | | |

4 PURPOSE OF GRANT

| | | | | | |
|--|--------------|-------------------|----------------------------------|--------------------------|---------------------|
| What is requested (please circle) | Clothing | Footwear | Bedding (incl protective sheets) | Toys, Books, CD's, DVD's | School Trip |
| Equipment | Safety Gates | Baby (e.g. Buggy) | Dance (e.g. Ballet shoes) | Sports (e.g. boots) | Music (i.e. guitar) |
| Details (any additional information about items requested) | | | | | |
| Holiday /School Trip (state where and what it costs) | Location | | | | |
| | Costs | | | | |

4. SUPPORTING INFORMATION

IN THIS SECTION PLEASE SUPPLY INFORMATION TO SUPPORT THIS APPLICATION. THIS SHOULD INCLUDE A SUMMARY OF THE FAMILY CIRCUMSTANCES AND ANY OTHER RELEVANT INFORMATION. (You may send a letter or use a separate sheet if preferred)

5 DETAILS OF THE ORGANISATION MAKING APPLICATION

| | |
|---------------------|--|
| ORGANISATION | |
| CONTACT NAME | |
| TITLE | |
| ADDRESS | |
| POST CODE | |
| TEL NO | |

DECLARATION BY THIRD PARTY

In making the application, I declare that I will be responsible for ensuring that:

- 1) Any grant awarded is used for the purpose for which it is given.
- 2) I will forward purchase receipts/tickets etc for the amount to VAS, Market House, 14 Market Street, Lerwick, ZE1 0JP.
- 3) I understand that failure to return the requested receipts may require the monies awarded be returned to the fund.

SIGNATURE _____ PRINTNAME _____ DATE _____

APPROVED BY (DESIGNATED MANAGER/SENIOR SOCIAL WORKER, ETC)

SIGNATURE _____ PRINTNAME _____ DATE _____

- 1) Please check that all sections of the application form are completed, as incomplete applications will not be considered
- 2) By signing this form both the applicant and the agency representative agree to the information on the form (and on any attachments e.g. supporting letters) being stored in the Fund's filing system and in summary on the Fund's computer database.

**THE WELFARE FUND IS FINANCIALLY SUPPORTED BY THE
BBC CHILDREN IN NEED APPEAL**