



ABOUT YOU AND YOUR SPOUSE/PARTNER

I. YOUR DETAILS

Family Name

First Names

Maiden Name

Date of Birth

Married / single / widowed / divorced / separated (please delete as necessary)

State of health

Address

(Please supply your previous address if you have lived at this address for less than three years)

Post Code

Post Code

Telephone

Mobile

Email

2. DETAILS OF SPOUSE / PARTNER

Family Name

Date of Birth

First Names

State of health



3. ASSISTANCE REQUIRED

Please give full details

4. OTHER CHARITIES / ORGANISATIONS APPROACHED

If you have applied elsewhere for assistance please state where and the result of your application



5. REFEREE

Please, if possible, give name and address of a referee or sponsor

This must be your doctor or a member of the clergy in your church, your solicitor, a social worker or a health professional

Name

Address

Post Code

Telephone

Mobile

Email

6. CORRESPONDENCE DETAILS (IF DIFFERENT FROM OVERLEAF)

Name

Address

Post Code

Telephone

Mobile

Email



ABOUT YOUR FINANCES

7. PROPERTY

Please include details for yourself (and your spouse, if applicable)

Type of accommodation (house, flat, etc)

Owner occupier / rented / leased (please delete as necessary)

If owner occupier complete below

Estimated current market value

Mortgage outstanding

If you own any other property please give details

8. DEBTS

Please include details for yourself (and your spouse, if applicable)

Name of creditor	Amount outstanding	Repayment terms	Purpose of Loan

9. SAVINGS AND CAPITAL

YOURSELF £

YOUR SPOUSE £

Current account balance		
Deposit saving account balance		
Building society account balance		
National saving account balance		
Shares (market value)		
Investment property (value)		



10. INCOME	YOURSELF £	YOUR SPOUSE £
Pension (net of tax only and not other deductions)		
State Retirement Pension		
Pension Credit		
State Benefits		
Income from other charities (please specify)		
TOTALS		

11. EXPENDITURE	YOURSELF £	YOUR SPOUSE £
Rent / Mortgage		
Council Tax		
Utility Bills		
Mobile Phone		
Household Shopping		
Car or Travel Costs		
Debt Repayments		
TOTALS		

NOTE 1

Documentary evidence must be provided in support of all items of income and nursing home fees. Photocopies are perfectly acceptable, but if this is difficult, please send the originals and we will copy and return without delay. **We will not be able to process the application until this documentary evidence has been provided.**

NOTE 2

Please feel free to enter amounts on a weekly (W), monthly (M), quarterly (Q) or annual basis (A), but do indicate which it is by adding W, M, Q or A as appropriate.



12. OTHER INCOME

Please give details

13. FAMILY

Please give details of your family and state how much they contribute financially or in hours of care support

DATA PROTECTION & DECLARATION OF ACCURACY

By signing this form the applicant agrees to the information provided being stored in Walsingham Care's manual and computerised filing system for the sole purpose of grant processing, analysis and accounting. All information will be treated in the strictest confidence.

By signing below, the applicant agrees that Walsingham Care may share your personal information with other organisations in order to verify information supplied, or to assist you to receive a service. We may confer, in confidence, with other charities or organisations, to seek help on your behalf. We will only do this if we consider this to be to your advantage. Walsingham Care will share your personal information, without your consent, to assist with the prevention or detection of crime. Please refer to our Privacy Policy for further information on how your data is used. The policy can be found at www.walsinghamcare.org.uk.

You have the right to request a copy of the personal information we hold about you. If you would like a copy of some or all of this please contact Walsingham Care via the contact page on our website, by calling us on 07436 803102, or by writing to us at Charities House, 2 Quintet Buildings, Churchfield Rd, Walton on Thames, Surrey, KT12 2TZ.

Please note that if you are unable or unwilling to provide some or all of the information we have asked for, we may be unable to offer assistance.

I have read and understood the above and consent to Walsingham Care using the personal information I have given them and sharing it as outlined above. I declare that the particulars shown in this application form are accurate and give a true account of my/our present financial position.

If you have entered spouse information on this form and you have the legal right to make decisions on your spouse's behalf, then your spouse will not be required to jointly sign this form*. However, if your spouse has capacity to make decisions about their information, they will need to give their permission to disclose the personal information entered on this form by signing below.

.....
Signature of applicant / Attorney for applicant*

.....
Date

.....
Signature of second applicant / Attorney for applicant*

.....
Date

* If signing on behalf of applicant/joint applicant, please supply a copy of the appropriate authority or Lasting power of attorney



CONTACT US

Please telephone 07436 803102 if you experience any difficulty filling in this form.

Please use a blank piece of paper if any section of the form seems unsuitable for your purposes or there is insufficient space.

COMPLETED FORM

Please send your completed form to:

Walsingham Care, Grant Applications

2 Quintet Buildings,
Churchfield Road,
Walton On Thames,
Surrey KT12 2TZ