



ABOUT YOU AND YOUR SPOUSE/PARTNER

I. YOUR DETAILS

Family Name

First Names

Date of Birth

Maiden Name

Married/single/widowed/divorced/separated

Address

Correspondence details (if different)

Post Code

Post Code

Telephone

Telephone

Mobile

Mobile

Email

Email

Please state any health conditions relevant to this application

2. DETAILS OF SPOUSE / PARTNER

Family Name

Date of Birth

First Names

Please state any health conditions relevant to this application



3. GRANT REQUEST

Please specify assistance required

4. OTHER CHARITIES / ORGANISATIONS APPROACHED

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

5. REFERRAL AGENT

Organisation

Name

Position

Address

Post Code

Telephone

Email

6. FAMILY

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

ABOUT YOUR FINANCES

7. PROPERTY

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

Type of accommodation (house, flat, etc)

Owner occupier/private rented/leased/Housing Trust (delete as necessary)

If owner occupier complete below

Estimated current market value

Mortgage outstanding

Equity release amount

Date taken out

If you own any other property please give details

8. SAVINGS AND CAPITAL

YOURSELF £

YOUR SPOUSE £

Current account balance

Savings account balance

ISA balance

Shares (market value)

9. DEBTS

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

Name of creditor

Amount outstanding

Repayment terms

Purpose of Borrowing

10. MONTHLY INCOME	YOURSELF £	YOUR SPOUSE £
Private Pension		
State Retirement Pension		
Pension Credit		
Universal Credit		
Personal Independence Payment/Attendance Allowance		
Housing Benefit		
Council Tax Benefit		
Other State Benefits		
TOTAL		
11. MONTHLY EXPENDITURE	YOURSELF £	YOUR SPOUSE £
Rent / Mortgage		
Council Tax		
Utility Bills (including mobile phone)		
Care Costs		
Food / Toiletries		
Car / Travel Costs		
Debt Repayments		
TOTAL		

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.

Documentary evidence may be requested in support of your application. 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

FOR APPLICATIONS FOR ASSISTANCE WITH CARE HOME COSTS, PLEASE COMPLETE THE ADDITIONAL INFORMATION OVERLEAF.

CARE HOME TOP-UP FEES – ADDITIONAL INFORMATION

Care Home name	
Address	
Postcode	
Contact details for the residential or nursing home	
Please state the length of time the applicant has resided at the home	
FEES (Please state these as weekly amounts)	
	£
Amount currently charged by the home	
Applicant contribution	
Family contribution	
Surrey County Council payment	
Top-up amount requested	

If approved, Walsingham Care reserves the rights to review all grants annually and the grant funding may be discontinued if circumstances change.

We would not look to increase our contribution further than the amount originally agreed without further review and full Trustee Board agreement.

Please sign below to acknowledge your understanding of this.

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

.....
Date

Please supply any additional information that may support your application

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