

# Henry Smith Charities (Godalming)

## Application for Assistance

Reference No:

Date Received:

|   |  |                                    |  |
|---|--|------------------------------------|--|
| <b>Section 1</b>  |  | Date of birth:                     |  |
| Name:   |  |                                    |  |
| Address:  |  |                                    |  |
| Telephone(Home):  |  | Mobile:                            |  |
| Email:  |  |                                    |  |
| <b>Section 2</b>  |  |                                    |  |
| Referee's Signature:  |  | Date:                              |  |
| Name:   |  | Occupation:                        | Contact Number:  |
| I certify that the above household is, in my opinion in need of the assistance applied for below and I attach a covering letter.                                      |  |                                    |  |
| Please tick the box below to confirm that you agree to us collecting, using, storing and sharing your details in accordance with the Charity's Privacy Policy.        |  |                                    |  |
| <input type="checkbox"/>  |  |                                    |  |
| <b>Section 3</b>  |  |                                    |  |
| Assistance required (e.g. support with fuel debt, essential household equipment, wheelchairs, care alarms, bed and bedding, other)                                    |  |                                    |  |
| Reason for the application (e.g. financial situation and health issues)   |  |                                    |  |
| <b>Section 4</b>  |  |                                    |  |
| Household finances (give details that you feel are relevant)  |  |                                    |  |
| Total weekly income: £  |  | Weekly expenditure: £              | Do you receive State benefits, if yes, please state which: |
| Household details:  |  |                                    |  |
| Number of adults living at this address   |  | Number of children at this address | Ages of children   |
| Are you receiving help from other local charities/organisations? Yes No   |  |                                    |  |
| If yes please give details  |  |                                    |  |
| <b>Section 5</b>  |  |                                    |  |
| Applicant Signature:  |  | Date:                              |  |
| I certify that the above details are correct  |  |                                    |  |
| Please tick the box below to confirm that you agree to us collecting, using, storing and sharing your personal information in accordance with the HSC Privacy Policy. |  |                                    |  |
| <input type="checkbox"/>  |  |                                    |  |

Please refer to the guidance notes overleaf to complete the application form

### Guidance notes to complete the Application Form

The charities are the Henry Smith Charity and the Educational Foundation of Henry Smith which are managed together. They have limited annual income to assist those in need and that reside in the areas covered by Godalming Town Council or the civil parishes of Busbridge or Shackleford. Please complete the application form as fully as possible to assist the Trustees in making a decision about a grant.

#### Section 1

To be completed in full by the applicant (the person who would receive the benefit) or by a representative on behalf of the applicant.

#### Section 2

Applications are generally not considered unless they are supported by a referee. This could be a Social Worker, GP, Social Services, Home School Link Worker, Head Teacher, Health Visitor, Nurse or applicable Voluntary Organisation. The referee should know about the applicant's situation and be able to verify the details. A covering letter/email must accompany the application. The referee should state their name and occupation and provide a telephone number for contact purposes. The Charity may contact the referee to verify details.

You are requested to confirm that you agree to the Charity processing your details and data in accordance with our Privacy Policy (available on request to [hsc\\_clerk@btinternet.com](mailto:hsc_clerk@btinternet.com)).

#### Section 3

It is important to state the type of assistance required. We would expect some effort to be made with regards to size and type of any goods required as well as their estimated costs. For example, if support with fuel bills is requested then we would expect details of these.

The second part of this section requires a description of the circumstances giving rise to the application. This may require details of your financial circumstances in addition to those in Section 4. Your application may be shared confidentially with the Citizen's Advice Bureau, or another local organisation we think can assist you.

#### Section 4

It is important that details of what support has been received or requested from any other charities/organisations is included.

#### Section 5

If the applicant is unable to sign and date this section, please include details and signature of person making application and relationship to the intended beneficiary.

In order that we may process your application, you are requested to confirm that you agree to us collecting, using, storing and sharing your personal information in accordance with our Privacy Policy (available on request to the address below). It will only be used in connection with this application and kept confidentially.

**Please return the completed application by email to: [hsc\\_clerk@btinternet.com](mailto:hsc_clerk@btinternet.com) or by post to**

**Henry Smith Charity, c/o Cherry Trees, Mark Way, Godalming, GU7 2BN**