



Greater London Women's Holiday Fund Grant Application Form

PLEASE READ THE FOLLOWING GUIDANCE NOTES BEFORE COMPLETING THIS APPLICATION FORM

Guidance Notes

What is Family Action's Greater London Women's Holiday Fund?

This fund contributes towards the costs of recuperative holidays for women and their children (if any) who are resident in Greater London. Preference is given to those who are on low income or are living on benefits.

Who is eligible to apply for funding?

Grants are available to women over the age of 18 who are resident in Greater London. Children included in grant applicants must be 17 years old or younger.

Before submitting a grant application we expect applicants to have sought to maximise their income by applying for all benefits and/or tax credits for which they are eligible. We recommend that applicants seek the help of an advice agency, e.g. a CAB, to ensure that they have applied for all benefits and/or tax credits for which they are eligible.

We cannot make grants to applicants who have received a Greater London Women's Holiday Grant or a Family Action Welfare Grant within the previous 12 months.

How much money can I apply for?

There is no standard grant size, however, in general the maximum grant is £600 per family. Actual grant size is based on the requested sum, the applicant's circumstances and the number of children included in the application.

How do I complete the application form?

Please take note of the following instructions when completing the application form:

- This form is for Family Action's Greater London Women's Holiday Fund only. To find out about our other funding programmes please see Family Action's website at **www.family-action.org.uk/grants**.
- Ensure that you have downloaded the most recent version of the application form from the Family Action website at **www.family-action.org.uk/welfaregrants**. Applications on out-of-date forms will NOT be considered.
- Applications must be checked, signed and submitted by a referring agency (e.g. a social work team or tenancy support scheme), the agency worker should know the applicant in a professional capacity. The application form may be completed by the applicant or a professional supporting the applicant.
- Applications should be made at least 8 weeks prior to the proposed holiday. Submission deadlines are: January for holidays in March to June; May for holidays in July to October; September for holidays in November to February.
- Answer ALL the questions on the form. **Incomplete applications will NOT be considered.**

What do I need to include with the application form?

To be considered, applications MUST include:

- Supporting evidence of the cost of travel and/or accommodation.
- A supporting statement from the referring agency on agency letterhead. The statement should:
 - explain how the proposed holiday will benefit the applicant;
 - outline the applicant's domestic circumstances;
 - detail any family and/or statutory involvement and support;
 - provide any other information that is relevant to the application.

Please note that it is crucial that each of the above points is addressed. The more information provided in the supporting statement, the better the Grants Panel can understand the applicant's situation when deciding how to allocate funds.

If we do not receive a supporting statement, the application will NOT be considered.

What happens next?

Eligible, complete application forms will be considered by our Grants Panel. In general, the referring agency will hear about the outcome of an application in writing within about 21 days of our receiving an application form.

Please note that we do not acknowledge receipt of grant application forms.

How can I get help with completing the application form?

If you have any queries please call the Grants Service on 020 7241 7459 between 2 pm and 4pm on **Tuesdays, Wednesdays or Thursdays only**.

Form Version	December 2009	
For office use only		
Client ID		Date of last grant:
Code	ICW	



Greater London Women's Holiday Fund Grant Application Form

This form should be completed by the applicant or by another person on the applicant's behalf. Please type or write clearly. If for any reason a question is not applicable please write 'N/A' and state the reason. **Incomplete forms will NOT be considered.**

1. Your personal details

Title: Ms Mrs Miss Other (please specify)

Forename..... Surname.....

Address.....

.....Postcode.....

Telephone number

Date of birth Age.....

Country of birth:..... Nationality

Residency status:

UK National EU National Asylum Seeker Full Refugee Status

Indefinite Leave to Remain Exceptional Leave to Remain/Humanitarian Protection/

Discretionary Leave Appealing Home Office Decision

Other (please specify)

Where applicants have Exceptional Leave to Remain/Humanitarian Protection/Discretionary Leave, what is the expiry date?

If appealing a Home Office Decision, please provide details including relevant dates:

.....

2. Household details

Family Status (e.g. couple, couple with children, lone parent, single)

Accommodation:

Council tenant Owner occupier Housing association Private rented

Part owner/shared ownership Refuge/Hostel Other (please specify)

3. Details of household members (Please continue on a separate sheet of paper if necessary)

Relationship	Age	Illness/disability	In employment/education/unemployed/ retired/pre-school
.....
.....
.....
.....
.....

4. Details of proposed holiday (In general the maximum grant is £600 per family)

Where does the applicant wish to go on holiday?

.....

Type of holiday (e.g. package, self catering cottage etc.):

.....

Holiday dates: From: To:

Number and ages of accompanying children:

.....

Costs:

Travel: £..... Accommodation: £.....

Other (please specify): £.....

Total cost £..... Contribution requested from Family Action £.....

If there is an outstanding sum, please outline how this will be raised:

.....

5. Other funding applications (Please continue on a separate sheet if necessary)

Have applications been made to other charitable funders for this holiday? Yes No

If Yes, please provide details below: (continue on separate sheet of paper if necessary)

Funder	Sum requested	Received decision?	Outcome	Sum received
.....	£.....	£.....
.....	£.....	£.....
.....	£.....	£.....

6. Financial details

In this section, please give details of your **WEEKLY** household income:

Your take-home pay	£
Partner's take-home pay	£.....
Contributions from others living with you	£.....
Jobseekers' Allowance/Income Support (after deductions)	£
Incapacity Benefit/SSP/Employment Support Allowance	£
Disability Living Allowance	£
Housing Benefit/Council Tax Benefit	£
Child Tax Credit	£
Child Benefit	£
Child Maintenance Payments	£.....
Working Tax Credit	£
Pension Credit	£
State Pension	£.....
Works Pension	£.....
NASS Support	£
Attendance Allowance	£
Guardian's/Carer's Allowance	£
Other (please specify)	£
TOTAL	£

Are there any direct deductions from your benefits? Yes No

If yes, please give details

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.....
.....

Please give details of any savings

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7. Expenditure

Please provide details of your **WEEKLY** expenditure.

Item	Expenditure
Rent/mortgages (after benefits)	£.....
Council Tax (after benefits)	£.....
Gas	£.....
Electricity	£.....
Other fuel (e.g. coal, oil)	£.....
Water Rates	£.....
Life/building/contents insurance	£.....
Telephone	£.....
Television/satellite	£.....
TV licence	£.....
Car costs (fuel/tax/loans)	£.....
Other travel costs (bus/train)	£.....
Work expenses (not including travel)	£.....
Food and housekeeping	£.....
Laundry	£.....
Household repairs and maintenance	£.....
Childcare costs	£.....
School meals	£.....
Care costs	£.....
Home help costs	£.....
HP/Clubs	£.....
Debts*	£.....
Contribution to household expenditure (not included above)	£.....
Other (please specify)	£.....
TOTAL	£.....

* Please give details of any debts (including repayment schedule)

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8. Finalising your application and authorisation

IMPORTANT: Incomplete and unsigned application forms will NOT be considered.

Tick the boxes below to confirm that the following actions have been completed:

- ALL the questions on the application form have been fully answered.
- The grant request is equal to or less than our maximum grant size.
- Attached supporting evidence of the cost of travel and/or accommodation.
- The referring agency has checked the form.
- All required signatures have been provided.
- A supporting statement has been attached.
- The form and supporting documents have been photocopied and retained by the referring agency.

Was this form completed by the applicant? Yes No

If 'no' please provide the name and job title of the person who completed the form:

.....

In signing this form, each signatory confirms that the information on this form is correct to the best of their knowledge and belief.

Data Protection: The information you provide in this application form will be held and processed in accordance with the Data Protection Act 1998 and will be used by Family Action and its agents to enable Family Action to carry out grant processing, analysis, auditing and accounting. The information on this form may be used as a case study for use on our website, in publicity and reports; personal details will be changed to ensure anonymity. We may need to discuss the information on this form with other agencies and organisations. However we need your consent to do this.

By completing this form you are consenting to Family Action recording and sharing relevant personal information about you/the applicant.

Signature of applicant

Date

.....

.....

Signature or referring worker

Date

.....

.....

9. Referring agency details:

Please write the name and job title of the agency contact, followed by the agency name and FULL ADDRESS clearly in the box below. If we need to return the application form, this is used in a window envelope.

Mr/Ms/Miss/Mrs

Telephone number:

Email address:

10. Cheque payee

IMPORTANT: Cheques are NEVER made payable to individuals. All payments MUST be processed via the referring agency and will only be made payable to the referring agency account or to the holiday company. Cheques will be sent to the named worker at the address provided in Section 9 of this Grant Application Form. Please note that we cannot issue multiple cheques; we can only issue a single cheque to one organisation.

Cheques made payable to:

.....

Please fill in your contact details in section 10 above and send your completed application form and supporting statement to:

**Grants Service
Family Action
501-505 Kingsland Road
London
E8 4AU**

For office use only

Trust Recommended

Date of meeting

Panel decision

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EQUAL OPPORTUNITIES MONITORING INFORMATION

The information requested below will be separated from your grant application before assessment and will be used for monitoring purposes only. **It will not influence the outcome of your grant application.**

What is your ethnic group?

- White**..... British Irish
 Any other White background
- Mixed**..... White and Black Caribbean White and Black African
 White and Asian Any other Mixed background
- Asian or Asian British** Indian Pakistani Bangladeshi
 Any other Asian background
- Black or Black British**..... Caribbean African
 Any other Black background
- Chinese**..... Chinese
- Other ethnic group**..... Any other ethnic background