

# APPLICATION FORM – Child Counselling Grant

All information on this form will be treated in confidence.



--

## 1. APPLICANT'S DETAILS:

<b>Full name:</b>	<b>Tel No:</b>
<b>Address:</b>	<b>Mobile No:</b>
	<b>Email 1:</b>
	<b>Email 2:</b>
<b>Post code:</b>	<b>Preferred method of contact:</b>
<b>Relationship to Eligible Police Individual:</b>	

## 2. POLICE PARENT'S DETAILS:

<b>Full name of Eligible Police Individual:</b>
<b>Rank and number:</b>
<b>Current or last employing force:</b>
<b>Name of Deceased Parent if different from above:</b>
<b>Date of death/incapacity:</b>

## 3. NAME OF CHILD APPLYING FOR GRANT

<b>Full name:</b>	<b>Date of birth (dd/mm/yyyy)</b>	<b>Relationship to applicant</b>	<b>Resident with applicant - Y/N</b>

## 4. CLAIM DETAILS

The information that you provide in this section will provide the Charity with information that will enable it to make a fully informed decision on your claim therefore please be as descriptive and informative as possible when answering the questions below.

Please provide name and address of Counselling service
Amount of claim (please provide receipt)

## 5. APPLICANT'S DECLARATION

- ☐ I understand that all personal information on this form will be confidential to The Police Children's Charity and shared in confidence only with other police charities; and that the personal information will not be shared with persons other than that without my express consent unless required to do so by law.
- ☐ In order to provide the best possible levels of service, updates or other information I agree to The Police Children's Charity contacting me using the details I have provided.
- ☐ I am the parent/guardian of the child/children for whom application for a benefit is made. I certify that the information given in this application is, to the best of my knowledge and belief correct and that should any over-payment be made this will be repaid without any undue delay.

**Signature:** ..... **Date:** .....

**Print name:** .....