

APPLICATION FORM – Ex Gratia only

All information on this form will be treated in confidence.



1. APPLICANT'S DETAILS:

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

☐ **Serving Grant - current Donor to The Police Children's Charity**

I have supplied my most recent pay slip and one from at least twelve months previously validating my regular donation to The Police Children's Charity.

2. POLICE PARENT'S DETAILS:

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

3. DETAILS OF DEPENDANTS STILL IN FULL TIME EDUCATION

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

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 describe in detail the item that you are applying for a grant for
How much does the item cost? (please provide additional information to support this)

How will this item make a difference to your life?
Please explain in detail how not having this item currently is impacting on your life.
If you have applied for funding for this item elsewhere, please provide full details
How much are you prepared to contribute towards this item? £

(Continue to page 4 if you need extra writing space)

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 The Police Children's Charity contacting me using the details I have provided.
- ☐ **FOR SERVING GRANT APPLICATIONS ONLY**
I have attached two copies of my pay slips showing donations to The Police Children's Charity; most recent and one from 12 months previously.

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:

FOR SERVING GRANT APPLICATIONS ONLY

6. APPLICANT’S BANK DETAILS

Please note: All allowances are paid by BACS. Failure to provide bank details is likely to result in the non-payment of a benefit.

Name of Bank/Building Society:

Address of Bank/Building Society:

Post code:

Sort Code:

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Account Number:

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**Building
Society
Ref/Roll
number:**

Signature:

Date:

Print name:

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