

# APPLICATION FORM

## Serving - Child Counselling Grant

All information on this form will be treated in confidence.



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### 1. APPLICANT'S DETAILS:

<b>Full Name of Officer:</b>	
<b>Rank and Number:</b>	
<b>Current Force:</b>	
<b>Address:</b>	<b>Tel No:</b>
	<b>Mobile No:</b>
	<b>Email 1:</b>
	<b>Email 2:</b>
<b>Post code:</b>	<b>Preferred method of contact:</b>

- I confirm I am a 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. 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>

### 3. 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 supply a brief outline of the events leading to your application and the benefits you hope to achieve for your child

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

#### 4. 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 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 have attached relevant documents from a counsellor / school / relevant organisation in support of this application

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:** .....

**5. 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:** .....