

Application for funding

If you require assistance to complete this form then please email info@helpaguernseychild.org.gg

APPLICANT CONTACT DETAILS

Name	
Occupation	
Entity/States Department/School	
Telephone	
Email	
Relationship to recipient (ie. Social worker/teacher etc.)	

RECIPIENT DETAILS (if different from Applicant)

Family Name	
Address	
Telephone	
Have we supported this family before? If so, then please state the date	
No. of children & ages	
Occupation – Self	
Occupation – Partner	

IF YOU ARE APPLYING FOR YOURSELF OR A MEMBER OF YOUR FAMILY, THEN PLEASE PROVIDE CONTACT DETAILS OF A SUITABLE PERSON WHO CAN SUPPORT YOUR APPLICATION (ie. Social Worker/Teacher etc.)

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WHAT IS FUNDING REQUIRED FOR & GIVE A BREAKDOWN OF THE COSTS?
(Please note that this information is required before an application can be considered.)

Description/Product number	Quantity	Cost	Supplier (if known)
TOTAL COST			

WHY IS FUNDING REQUIRED & HOW CAN HELP A GUERNSEY CHILD HELP?
(Please give as much information as possible around the family's circumstances, including financial and any potential future requests)

WHERE DID YOU HEAR ABOUT HELP A GUERNSEY CHILD?

ARE YOU CURRENTLY SEEKING FUNDING FROM ANY OTHER ORGANISATION?
(If yes please specify the name(s) of such organisation(s))

If you are making this request as a third party on behalf of family, a child or children, by ticking the box below, you confirm that:

- (i) The parent, legal guardian or person with parental responsibility has consented to this application being made,
and
- (ii) The parent, legal guardian or person with parental responsibility has consented to the personal data you have included in this application form will be processed in accordance with the privacy notice available on our website, which they have confirmed to you they have read and understood.

YES, I CONFIRM CONSENT HAS BEEN OBTAINED

NO, CONSENT HAS NOT BEEN OBTAINED

If you are the parent or legal guardian of a child, by ticking the box below you confirm that you consent to the processing of the personal data you have included in this application form in accordance with the privacy notice available on our website www.helpaguernseychild.org.gg

YES I CONFIRM I CONSENT

NO I DO NOT CONSENT

DATA PROTECTION

Help a Guernsey Child LBG, its employees and volunteers, will keep the above personal details secure. The information given on this form will be used solely for the purpose of considering your request. Please refer to our full privacy statement on our website www.helpaguernseychild.org.gg

To the best of my knowledge, the information supplied in this application is correct.

Date of request Signed.....

SEND APPLICATION TO ALEX JENNER
info@helpaguernseychild.org.gg

TEL: 07781 145152