

THE PORTISHEAD NAUTICAL TRUST APPLICATION FOR ASSISTANCE FOR INDIVIDUALS



The Trust aims to relieve and assist young persons under the age of 25 who suffer deprivation, poverty, financial hardship or difficulty, parental neglect, lack of control or other misfortune.

- Please read the form carefully and complete in blue or black ink ensuring that all parts are completed. Some questions may not apply in the case of young children.
- The application should be completed in the name of the child or young person requiring assistance.
- If the application is completed in the name of a child, details of the parent/carer's income will be required.
- Declaration – the applicant, or parent/carer where appropriate, must sign and date this application.
- Sponsor's Endorsement – the application must be sponsored by an independent, responsible person with knowledge of the facts and of the applicant's circumstances.
- Sponsor's Remarks – sponsors should add comments on the form in support of the application.

The information given in this form will be kept confidential

SECTION 1 YOUNG PERSON

Name		Title	
Address			
		Postcode	
Contact Number			
Email			
Date of Birth		Age	

SECTION 2 GRANT REQUEST

How much are you applying for?	£
Briefly, what is the grant for?	

SECTION 3 PARENT/CARER (To be completed if young person not living independently)

Name		Title	
Address			
		Postcode	
Contact Number			
Email			
Relationship to young person		Does the young person live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If no, who is the young person living with and in what circumstances?

SECTION 4			SPONSOR	
Name		Title		
In what capacity are you supporting the application? (EG Doctor, Social Worker, etc)				
Organisation				
Address				
		Postcode		
Contact Number				
Email				
Are you related to the young person?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the relationship?				
SECTION 5			FURTHER DETAILS	
What are the circumstances that give rise to the application? Please give as much relevant information as possible in support of this application.				
If not detailed above, please advise:-				
a) Is the young person	Working	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
			In full time education	<input type="checkbox"/>
b) If working, what is the young person's present occupation?				
c) If still in full time education, has this application the school/college's support?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Has the young person a trade, occupation, profession or calling?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give details:-				
e) Does the young person suffer from any illness, disease, physical or mental disablement?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give details:-				
Doctor's Name				
Surgery Address				
		Postcode		

SECTION 6

FINANCIAL DETAILS

Please complete your income and expenditure using **EITHER** the weekly or monthly financial statement form

WEEKLY FINANCIAL STATEMENT

Name:

Address:

Postcode:

HOUSEHOLD

Number of adults

Number of children

Ages of children

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WEEKLY

INCOME

	Weekly
	£
Take-home pay: self	
Take home pay: partner	
Jobseeker's Allowance or Income Support	
Working Families Tax Credit	
Child Tax Credit	
Disabled Persons Tax Credit	
Incapacity Benefit	
Disability related Benefits	
Carer's Allowance	
Family/Child related Benefits	
Maintenance/CSA	
Payments from 'non-dependents'	
Other income	
.....	
.....	
TOTAL INCOME	

ESSENTIAL EXPENSES

	Weekly
	£
Rent/Mortgage	
Council Tax	
Insurance: Bldgs & contents	
Electricity & Gas	
Water & Sewerage rates	
Telephone & mobile	
TV licence	
Travel expenses	
.....	
Maintenance/CSA	
Housekeeping	
School meals	
Nappies/baby needs	
Nursery & childcare	
Clothing	
Hire Purchase/Loans	
Other	
.....	
.....	
.....	
TOTAL SPENDING	

This is an accurate statement of my financial situation on

Signed

SECTION 6

FINANCIAL DETAILS

Please complete your income and expenditure using **EITHER** the weekly or monthly financial statement form

MONTHLY FINANCIAL STATEMENT

Name:

Address:

Postcode:

HOUSEHOLD

Number of adults

Number of children

Ages of children

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MONTHLY

INCOME

	Monthly
	£
Take-home pay: self	
Take home pay: partner	
Jobseeker's Allowance or Income Support	
Working Families Tax Credit	
Child Tax Credit	
Disabled Persons Tax Credit	
Incapacity Benefit	
Disability related Benefits	
Carer's Allowance	
Family/Child related Benefits	
Maintenance/CSA	
Payments from 'non-dependents'	
Other income	
.....	
.....	
TOTAL INCOME	

ESSENTIAL EXPENSES

	Monthly
	£
Rent/Mortgage	
Council Tax	
Insurance: Bldgs & contents	
Electricity & Gas	
Water & Sewerage rates	
Telephone & mobile	
TV licence	
Travel expenses	
.....	
Maintenance/CSA	
Housekeeping	
School meals	
Nappies/baby needs	
Nursery & childcare	
Clothing	
Hire Purchase/Loans	
Other	
.....	
.....	
.....	
TOTAL SPENDING	

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SECTION 7

How did you hear about The Portishead Nautical Trust?

Has an application for this young person been made previously? Yes No

If Yes, please give details:-

If you are successful in obtaining a grant, how do you propose to inform The Trust of its successful use?

If this application is successful, to whom should the cheque be made payable?

NB Please note payment is not made to the young person, but to the sponsor's organisation or directly to the retailer/supplier.

SECTION 8 **DECLARATION**

I confirm that the facts stated on this form are correct.
 Signature of young person (or parent/carer if young person is under 18 years)

Signed Date

SECTION 9 **SPONSOR'S ENDORSEMENT**

I certify that the young person is known to me, and the circumstances detailed on this form are correct.
 Signature of Sponsor

Signed Date

SECTION 10 **SPONSOR'S REMARKS**

The Trustees may require further information in writing, or may ask to visit the young person at home or to interview the sponsor, or request the sponsor to attend a meeting.

Issued by the Portishead Nautical Trust
 Company Registration No 87906
 Registered Charity No 228876
 July 2012