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| PLEASE PRINT CLEARLY & COMPLETE FULLY  Applicants Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_  Darlington Hartlepool Middlesbrough Redcar & Cleveland Stockton on Tees  NASS / Home Office Ref \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Origin \_\_\_\_\_\_\_\_\_\_  Male/Female /Married/Single # dependents in UK \_\_ Age of children \_\_\_ Date of Application\_\_\_\_\_\_\_\_\_\_  How are you being supported? (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Details of any help or requests to other organisations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason for application (please complete fully and include any proof of need)  .  Amount Requested \_\_\_\_\_\_\_\_\_\_\_\_\_    Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt of donation signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Referral agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Was food offered Yes / No If Yes, was it accepted? Yes / No  -----------------------------------------------------------------------------------------------------------------------------------------  FOR OFFICE USE ONLY  Please Pay:  Applicant Worker NERS Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Decision £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of decision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Trustee Authorisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refund Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cheque No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date letter/s sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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