For office use only:		
	/	

## **Assistance with Travel Expenses to You're Welcome Workshops**

To prevent delay with your application, please ensure all sections are completed.

Name of person with disability:	Date of birth:			
Current Address:				
	Postcode:			
Name of main contact:				
Tel (home):		Tel (mo	obile):	
Email address:				
	Your own/parents' home? ☐ Residential home? ☐ A hostel? ☐			☐ A hostel? ☐
Total number in the household	Adults?		Ages of childre	an?
Children?			Ages of children	211
Nature of your disability?				
Income of the household	per week			
Bring Home Pay (applicant)	£			
Bring Home Pay	£			
(spouse/partner/parent(s))	L			
State/Private/Occupational	£			
Pension				
Pension, Working or Child Tax	£			
Credits	L			
Universal Credit	£			
Jobseekers Allowance	£			
ESA – Working Group	£			
ESA – Support Group	£			
DLA/PIP	£			
Attendance Allowance	£			
Carer's Allowance	£			
Child Benefit	£			
Family &/or Lodger Contributions	£			
Other (please specify):	_			
	£			
Total	£			
Total				

#### Savings of all members of the household

(Please include total of bank and building society accounts and value of premium bonds, stocks and shares, ISAs etc.)

Applicant £	Spouse/Partner £	Parent(s) £	
Do you (or anyone in your household) own property other than the house in which you live?			
Yes / No			



### Please provide details of the workshops you have booked:

Workshop	Venue	Date	Method of Transport	Cost of Transport

#### Consent

- I consent to the sharing of information relevant to this application with my referrer and/or any other professional listed on this application and any supplier of the Trust connected with the fulfilment of any grant awarded.

  Yes / No
- Our research team occasionally contact people who have received Barnwood grants to ask if they are willing to share any
  feedback on their experiences. Are you happy to be contacted?

  Yes / No

Statement By signing this form, I confirm that the details above give a true picture of my circumstances.

Signature of applicant:	Date:		
For information on how we process and store your information refer to our Privacy Policy on our website ( <u>www.barnwoodtrust.org</u> )			

This section must be completed by an **appropriate professional** or agency who knows about you and your disability and can confirm your circumstances.

Describe the applicant's disability: (Please give clinical diagnosis where possible	e)		
Name of referrer:	Job tit	:le:	
Organisation:			
Postal address:			
Postcode:	Tel (work):	Tel (mob):	
E-mail address:			

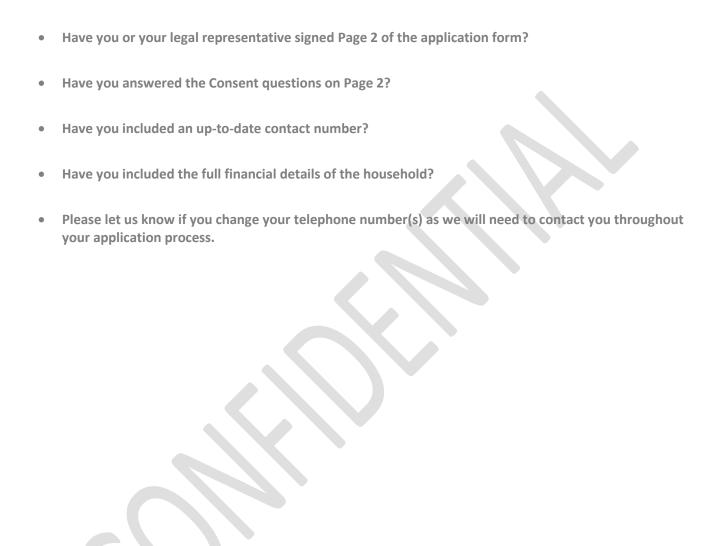
Signature of referrer:	Date:	

#### Please return this completed form to:

The Grants Team, Barnwood Trust, Ullenwood Manor Farm, Ullenwood, Cheltenham. GL53 9QT Tel: 01452 611292 Email: grants@barnwoodtrust.org



# In order to prevent any delays to your grant application, please check the following before returning your form:



If you have any questions, please contact the Grants Team on: 01452 611292 or email: grants@barnwoodtrust.org

