



## 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 (mobile):	
Tel (home):		Tel (mobile):	
Email address:			
Is this:	Rented? <input type="checkbox"/>	Your own/parents' home? <input type="checkbox"/>	Residential home? <input type="checkbox"/> A hostel? <input type="checkbox"/>
Total number in the household...		Adults?	Ages of children?
Children?			
Nature of your disability?			

### Income of the household per week

Bring Home Pay (applicant)	£
Bring Home Pay (spouse/partner/parent(s))	£
State/Private/Occupational Pension	£
Pension, Working or Child Tax Credits	£
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):	£
<b>Total</b>	<b>£</b>

### 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 ([www.barnwoodtrust.org](http://www.barnwoodtrust.org))

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)		
Name of referrer:	Job title:	
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](mailto:grants@barnwoodtrust.org)**



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

- Have you or your legal representative signed Page 2 of the application form?
- Have you answered the Consent questions on Page 2?
- Have you included an up-to-date contact number?
- Have you included the full financial details of the household?
- Please let us know if you change your telephone number(s) as we will need to contact you throughout your application process.

**If you have any questions, please contact the Grants Team on: 01452 611292 or email: [grants@barnwoodtrust.org](mailto:grants@barnwoodtrust.org)**