

Wellbeing Fund

Guidance Notes

The Wellbeing Fund is for things that help with everyday living – such as household appliances, furniture, a riser-recliner, or something that might be difficult to pay for yourself but would make a positive contribution to your day-to-day wellbeing.

1. Are you...

- a. A permanent resident of Gloucestershire?
- b. Disabled or do you have a long-term mental health challenge?
- c. Unable to fund the requested item(s) yourself?
- d. Applying for something that would not usually be funded by the state?

2. If so, have you...

- a. Ensured all personal details are fully completed including full income and outgoings based on the whole household? This must include every member of the family that is contributing to the daily living costs.
- b. Have you, (*or your legal representative*) signed and completed the consent questions?
- c. Attached a copy of your disability benefit award letter? (*PIP/DLA/AA/Limited Capability for work*)
OR
Enclosed a statement from your doctor or medical professional confirming your condition, how long you have the condition and how this grant will contribute to your overall wellbeing.
- d. Ensured page 2 has been completed by a suitable professional. It should include further details of your request and explain how the grant would have a positive impact on your day-to-day wellbeing.
Please note, Page 2 can be completed by yourself if you have attached your disability benefit award letter.

3. Additional information we will need...

- a. If your contact details change whilst we are processing your request, please inform us as soon as possible to avoid any delays with your application.
- b. If you are about to move, please write below your new address and the date you will have access to the property as we will need to visit you at this address:

New Address:

Postcode:

Date you will have access from:

- c. If you are applying for a grant towards the cost of a riser recliner chair, please ask your Occupational Therapist to complete Page 2 of the form. Barnwood Trust cannot consider a grant towards a riser recliner unless it has been recommended by your Occupational Therapist.



What happens next?...

Please allow up to **4 weeks** to hear from us regarding the next step of your application.

If we have all the information we need, you will hear from one of our volunteers regarding a home visit to discuss your application and see how the Trust may be able to help. Please make it clear who should be contacted to organise the home visit and if there is any additional information that would be useful to know beforehand. E.g. communication difficulties, pets at the property, if you would like someone else to be present etc.

We ask that you allow up to **10 weeks** from the point we receive your fully completed application to you receiving a final decision regarding your request.

Please return your fully completed form along with all relevant letter of support:

By Post: The Grants Team, Barnwood Trust, Overton House, Overton Road, Cheltenham. GL50 3BN

By Email: grants@barnwoodtrust.org

If you have any queries, please feel free to call us on: 01242 539935

For information on how we process and store your information refer to our Privacy Policy on our website (www.barnwoodtrust.org)



Wellbeing Fund Application Form

Name of applicant:		Date of birth:	
Nature of the disability:			
Current address:		Tel:	Mobile:
Postcode:		Email:	
Who should we contact about this application?		Applicant / Referrer / Other (If 'other', fill in below fields)	
Name:			
Relationship to applicant:		Tel:	
Email:			
Total in the household: Adults?	Children?	Ages of children?	
Names of other adults in household:			
Purpose of grant:			
Total cost: £		Amount you are requesting: £	
Have you applied to any other charities?			

Estimated Income

of the whole household per week/month

Bring Home Pay (applicant)	£
(spouse/partner/parent(s))	£
State/Private/Occupational Pension	£
Pension, Working or Child Tax Credits	£
Universal Credit	£
Jobseekers Allowance	£
ESA	£
DLA/PIP/AA	£
Carer's Allowance	£
Child Benefit	£
Family &/or Lodger Contributions	£
Other (please specify):	£
Total	£

Estimated Outgoings

of the whole household per week/month

Mortgage	£
Rent (after Housing Benefit, if received)	£
Council Tax (after Council Tax Support)	£
Gas, Electric & Water	£
Housekeeping (e.g. food, supermarket shop)	£
Help at Home (e.g. cleaner/gardener)	£
Landline, Mobile & Broadband	£
Car/ Transport (e.g. fuel, insurance, tax etc.)	£
Other Insurances (e.g. life, household etc.)	£
Loans/Debt Repayments	£
Childcare Costs	£
Other (please specify):	£
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		

Consent

- I consent to the sharing of information relevant to this application with my referrer and/or any other contact 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 Trust 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:

Please note that Barnwood Trust **does not** award grants for goods and services already purchased or ordered prior to making an application. You should not order goods or services in the hope of a grant as you will be liable for payment yourself.

Background of this application

Please confirm what is being requested and why and how the award of a grant will contribute to the wellbeing of the applicant. Please feel free to attach additional pages if needed:

The Home Visit

Who should be contacted to arrange the home visit? Applicant / Referrer / Other (If 'other', please fill in below fields)

Name:

Relationship to applicant:

Email:

Tel:

Is there any additional information we may need to know before the visit? E.g. pets/access/communication difficulties

For Referrers

Describe the applicant's disability:

(Please give clinical diagnosis where possible)

How long have you/your organisation known the applicant?

When did you last see the applicant?

Name of referrer:

Job title:

Organisation:

Contact Number:

Postal address:

Postcode:

Email Address:

Signature of referrer:

Date:

Please return this completed form along with all relevant documents:

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