

The Kingsclere Welfare Charity

Application Form

The Kingsclere Welfare Charities grant aid to persons who are resident in the Parishes of Kingsclere and Ashford Hill with Headley and who are in need of relief, who are sick, convalescent, disabled. Such assistance shall be in cases where help has not been available elsewhere.

Please read Section 2 – Notes for Application before completing the form.

Section 1 – About You (Applicant)

Name of the Applicant	
Name of person completing this form if not the applicant.	
Relationship to the Applicant	
Applicants Address inc Post Code	
Applicants Telephone Number	
Applicants Mobile Number	
Applicants Email Address	
Applicants Date of Birth	

What are you asking for help with? Please give as much detail as possible including quotes or supplier details. Please continue on the back of the form if you need more space.	
The estimated cost of the benefit.	

Section 2 – Notes for Application

Receipts and/or a written quote will be needed in support of the application.

Section 3 – Conflict of Interest and Data Protection

Are you or anyone else directly associated with this claim, a near relative of or have a close personal relationship with any Trustee or employee of this Charity?

If answering Yes, please give details here. Please note that answering yes does not automatically preclude consideration, but under Charity Commission Rules it must be declared.

Yes/No

If you have applied for, or been in receipt of, financial assistance from any other source regarding the details submitted in this application, please provide details here.

Details of other support:

The Charity aims to fully fulfil its obligations under the Data Protection Act 1998. The Charity is required to process relevant personal data regarding applications as part of its operation and shall take all reasonable steps to do so in accordance with its Data Protection Policy and all relevant associated legislation.

Section 4 – Declaration

I declare that to the best of my knowledge and belief that the details submitted in this form are true and correct.

Signature	
Print Name	
Date	

Please return your completed application and supporting documentation to:

The Clerk, Jan Pearce,
Russell House.
Ashford Hill Road,
Headley,
Thatcham,
Berks,
RG19 8AB

Reviewed May 2021

Section 5 – To be completed by the Clerk to the Charity.

Claim Number	
Approved	
Approved as amended	
Approval Date	
Not approved /Reason	
Applicant informed	
Date of Payment	