

**Application for Assistance**

Reference Number:

Particulars of Applicant	
<b>Name</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>Telephone No.</b>	
<b>Email Address</b>	

Particulars of Spouse/ Partner/ Relative requiring assistance (If different from Applicant)	
<b>Name</b>	
<b>Address</b>	
<b>Post Code</b>	

<b>Assistance Requested</b>	<b>Grant/Loan</b> (delete as necessary)
<b>Amount Requested</b>	£
<b>Date of Request</b>	
<b>Constitutionally Compliant?</b>	<b>Yes / No</b>
<b>Consider under Clause 4A / 4B?</b>	

Nature of Assistance requested (Please give full details of circumstances)

**Confidential when completed**

**Nature of Assistance requested** (continued – use separate sheet if required)

**I declare that the information I have given above, to the best of my knowledge, is correct.**

**Signature of Applicant**

**Date**

**I declare that the information I have given above, to the best of my knowledge, is correct**

**Signature of Applicant’s spouse/ partner/ relative etc.**

**Date**

**APPLICATION FOR ASSISTANCE – ANALYSIS OF FINANCES**

<b>Monthly Household Income</b>	<b>£</b>	<b>Monthly Household Expenditure</b>	<b>£</b>
Wages Pensions Benefits		Housing - Mortgage Rent Council Tax	
Other Sources –		Utilities - Gas Electric Oil	
		Telephone – Landline/Mobile	
		TV – Satellite/Licence	
		House Insurance – Building/Contents	
		Insurances	
		Living Costs – Food etc.	
		Car - Fuel Insurance Excise	
		Travel costs	
		Clothing	
		Carer	
		Liabilities – Loans HP	
		Other –	
<b>TOTAL INCOME</b>		<b>TOTAL EXPENDITURE</b>	
<b>Savings/Capital - Bank(s)/Building Societies/Investments/Property</b>			
<p><b>I declare that the information I have provided above is, to the best of my knowledge, correct.</b></p> <p><b>Signature of Applicant/ Applicant’s spouse/ partner/ relative etc.</b></p> <p><b>Date</b></p> <p><b>DATA PROTECTION DECLARATION – see below</b></p>			

**Data Protection declaration -**

I understand that in making this application, I have provided accurate information which contains my personal data under the Data Protection Act 2018. As such, I consent to the North East Scotland Police Welfare Fund (the Fund) holding and processing this information on paper and/or electronic form, but only for the purposes of consideration of the application by the Trustees and its subsequent administration.

I understand this personal data will not be released to any 3<sup>rd</sup> party without my specific written consent, unless required by court tribunal order or by law.

I understand that the Fund will hold this data until the application is decided upon and for 6 years thereafter, primarily for auditing purposes.'

I understand my consent to this processing of my personal data can be withdrawn at any time by advising the Fund.

Signature of Applicant/ Applicant's spouse/ partner/ relative etc.

Date

\*\*\*\*\*FOR TRUSTEES USE ONLY\*\*\*\*\*

Name of NESPWF Trustee noting request

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I have assessed the applicant's circumstances and confirm that there would/not appear to be a condition of need.

Signature

Date

NESPWF Trustees making decision/ Minute of Meeting dated

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Decision – Approved/ Not approved/ Other

Date

Applicant Advised of Decision by

Date