



PART B – FORM FOR REFERRING AGENCY

THIS FORM MUST BE DOWNLOADED FROM THE WEBSITE TO ENSURE THE LATEST VERSION IS USED
DO NOT USE A PHOTOCOPY OF A BLANK FORM AS IT MAY NOT BE UP TO DATE

Before completing this form please ensure you have read the guidance notes.

Please type or write in block capitals.

Name: _____

Job Title/Role: _____

Organisation: _____

Address: _____

Post code: _____

Phone: _____

Email: _____

Cheque payable to: _____

Agency (or designated retailer where applicable) only. Do NOT put the beneficiary's name.

Your **agency's** bank details: *(these are needed for future payments by BACS)*

Bank name: _____ Account name: _____

Account No: _____ Sort Code: _____

- Checklist: Have you included the individual's application form?
- (tick boxes)* Have you included your supporting statement?
- Have you included your covering letter of referral?

Are copies of the following included with this application?

Bank statement Benefits statement Pay slip (if relevant)

CONSENT

Please sign and date below once you have completed this form. By signing, you are declaring that all the information provided is accurate and that you are happy for this Charity to hold your details on file.

Signed: _____ Date: ___ / ___ / _____



SUPPORTING STATEMENT

This information is needed as it helps to build up a picture of the beneficiary's circumstances and to identify the level of need. Please be as comprehensive as possible. This information will be treated as sensitive and will not be shared with anyone other than the members of our Grants Committee.

1. Individual's background

2 Family circumstances

3. Medical, domestic or behavioural issues

4. Your agency's involvement

5. Why assistance is sought

6. Why the individual cannot afford the items requested

