

### Please complete the form in black ink and write clearly

Please return the completed application form to:

- WRVS Benevolent Trust, PO Box 567, Tonbridge, TN9 9LS
- Or by email: enquiry@wrvsbt.org.uk

If you have any queries, please telephone **07894 060 517**, Leave a message and we will return your call.

	Applicant In	formation – about tl	ne person who nee	ed help
Full Name:	Title	First	Last	Date:
Address:				
To	wn		County	Postcode
Telephone:		Email		
Date of Birth				



### WVS/ WRVS/ Royal Voluntary Service History

If you are not currently volunteering with RVS but have done so in the past, please give as much detail as you can of your service below and the name and details of anyone who may be able to confirm this.

WRVS Volunteer number: LN	1				
Date of Joining:	Joining: Date of Leaving:				
Main Project:	ect: Project manager / organiser:				
Project Manager phone number: _					
Any other projects past/ present P	lease List:				
Project	Manager / Organiser	Telephone Number			
rioject	ivialiagei / Olgaliisei	relephone Number			
		you to provide to them my ning my volunteering and for			
		held about me relevant to			
(Please tick the box if	you agree)				
Signed	Date	2			
Name					
WRVS Benev	olent Trust, PO Box 567, Tonbrid	lge, TN9 9LS,			

WRVS Benevolent Trust, PO Box 567, Tonbridge, TN9 9LS, a registered charity in England and Wales no. 261931.

Telephone: 07894 060517, e-mail: enquiry@wrvsbt.org.uk, www.wrvsbt.org.uk



	Information about the claim		
1.	What is the money to be used for?		
2.	What is the total cost? (Please enclose 2 cost estimates)		
3.	How much money are you asking for?		
4.	Have you applied to the WRVS Benevolent trust before for a grant?		
5.	Are you applying for help from any other body?		



6. <i>A</i>	6. Additional information you would like to give to support your application?			
_				
_				
-				
_				
	Financial Information ( supporting evidence may	be requested)		
MONT	HLY INCOME			
Salary				
Pension				
Other St	tate Benefits			
Other				
TOTAL N	Monthly Income	£		
OTHER				
Other A	ssets			
Savings	Investments			
TOTAL (	Other	f		
MONT	HLY EXPENSES			
Mortgag	ge or rent			
Service	_			
Council				
	'Gas/Water			
Other h				
Car / tra	-			
Telepho				
	please give details)			
TOTAL N	Monthly Expenses	£		



WRVS Benevolent Trust – Working with SSAFA		
Do you have any connection with a past or presen (E.g. husband/wife/son/daughter/mother/father)	t member of the Armed Forces? <b>YES</b> $\Box$	NO 🗆
Please pass my contact details onto SSAFA		
We will only pass on your basic contac you directly and SSAFA - Soldiers, Sailors, Airmen and I	in confidence.	
Please indicate how you heard about the Benevole  Action Magazine \ WRVS Association \ Project		γ)
I confirm that to the best of my knowledge correct.	e and belief the information giv	ven is
I understand that the data collected on the by the WRVS benevolent Trust for the pur future grants and that it will be held in acc 1998.	pose of administering this and	any
Signed	Date	
Name		



### Information to help you complete the form

The form should be filled in using **black ink**. Please **PRINT** names, addresses, and other important details

It is important the form is fully completed. It is better to provide too much information, rather than not enough.

We know that some of the questions are very personal, but without full information, we will be unable to consider the application. If there are questions that you are unable to answer, please explain why.

### What is the money for?

As examples,

- a. A new stair carpet as my one of 30 years is now threadbare
- b. A motorised scooter as I am unable to walk more than a few yards
- c. New spectacles as mine are held together with sticky tape

### **Outline of Financial Situation**

When completing the part about income you will need to record things like your pension, both state and private, any benefits you receive, and any salary and savings that you have.

It is very important to note that having savings will not bar you from applying, or from receiving a grant.

There is a list of expenses, which are your essential monthly payments which you need to complete.

We are aware that you have to buy food so there is no need to mention it, and trips to the hairdresser do not count.

### References

We are only able to help members (staff or volunteers) of WVS, WRVS and Royal Voluntary service (RVS), so it is important to explain how you have been involved.

If you do not have a volunteer number, we will contact RVS head office for confirmation of your volunteering.

If you are still volunteering we will contact your project manager. If you are retired, we could speak to your last manager/organiser, if you have their details.

Occasionally, you may have support from a third party, for example a social worker or GP. If they have given you letters, we would need to see what they say and will return originals if you are not able to photocopy them.

#### All matters are dealt with in the strictest confidence

WRVS Benevolent Trust, PO Box 567, Tonbridge, TN9 9LS, a registered charity in England and Wales no. 261931.

Telephone: 07894 060517, e-mail: enquiry@wrvsbt.org.uk, www.wrvsbt.org.uk