

al-mīzān

charitable trust

Registered Charity No. 1135752

General Welfare Fund - Application Form

Required fields are marked with an asterisk *

Section A: Beneficiary Details

Title*

First Name*

Last Name*

Address*

Town*

Postcode*

Date of Birth* (dd/mm/yyyy)

Gender

Male / Female / Unspecified

Telephone*

Email Address*

Marital Status*

Married / Single / Divorced / Widowed / Separated / Common Law / Civil Partnership

Ethnicity*

White British / White Irish / Mixed – White and Black Caribbean / Mixed – White and Black African / Mixed – White and Asian / Indian / Pakistani / Bangladeshi / Chinese / Black – African / Black – Caribbean / Arab / Other (please specify)

Faith*

Christian / Muslim / Jewish / Hindu / Sikh / Buddhist / No Faith / Other (please specify)

Disability – Do you suffer from a disability?*

Yes / No

If yes, please specify:

Physical Disability / Learning Disability / Speaking Impairment / Hearing Impairment / Sight Impairment / Mental Health Condition / Long-Term Illness / Multiple (please specify) / Other (please specify)

Nationality – Are you a UK national?*

Yes / No

If no, please specify:

EEA National / Discretionary Leave to Remain / Indefinite Leave to Remain / Study Visa / Work Visa / Spouse Sponsorship / Asylum Seeker / Refugee / Humanitarian Protection / Appealing Home Office Decision / Other (please specify)

What is your employment status?*

Full-Time Employment / Part-Time Employment / Self-Employed / Student / Retired / Unemployed / Other (please specify)

If Full-Time Employment, Part-Time Employment, or Self-Employed, what is your profession?

If your partner or your parents are/were engaged in a particular trade or profession or you worked in another trade before your current profession, please provide details:*

Interview Availability*

As part of your application, we may need to ask you follow-up questions about the information you have provided. Please indicate when you will be available.

Interview Language Preference*

Day of the Week	Morning (9am-1pm)	Afternoon (1pm-5pm)	Evening (5pm-9pm)
Monday			
Tuesday			

Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Section B: Applicant Details

This section is only to be completed when the application is on behalf of a third party.

Title*

First Name(s)*

Last Name*

Email*

Telephone*

Address*

Town*

Postcode*

Relationship

Family Member / Friend / Other / Support Worker

Company Name*

Job Title*

Interview Availability

Day of the Week	Morning (9am-1pm)	Afternoon (1pm-5pm)	Evening (5pm-9pm)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Section C: Purpose of Grant

We have included the information you provided in your initial enquiry form. Please expand on your answers if you have additional information to support your application.

Describe your background, personal circumstances and family situation, and explain why you are applying to us for a grant?*

What would you like us to fund?*

Why is this important for you at this time?*

How will this change your situation in the long-term?*

What is the total amount that you need?*

How much of this are you applying to us for?*

Do you have any other confirmed sources of funding?*

If yes, please specify:

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Have you applied for funds from elsewhere?*

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If yes, please specify:

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Section D: Family & Household Details

Do you live alone?*

Yes / No

If yes, continue to Section E

If no, who else lives with you?

Name	Relation	Date of Birth	Employment Status	Disability

Section E: Financial Situation

Part 1 - Monthly Income

What is the average monthly income (after tax) of each household member (not including benefits)?*

Full Name	Monthly Income (after tax)

Part 2 - Benefits

Are you and any of those living in your household claiming any benefits for which you are eligible?*

Type of Benefit	Who?	How much?	How often?

Part 3 – Accommodation & Capital Assets

Describe your living arrangements*

Flat / Bed & Breakfast / House – Terraced / House – Detached / House – Semi-Detached / Caravan or Trailer / Homeless / Other (please specify)

Do you or anyone in your household own the property or rent?*

Privately Owned / Rented / Other (please specify)

If the property is privately owned, what is the value of the property?

If the property is privately owned, is there a mortgage on this property?

If there is a mortgage on this property, what is the value of the mortgage?

If the property is privately owned, in whose name is it?

Do you have any assets, including vehicles, jewellery or equipment worth more than £500? Please list the items and their value.*

Asset	Value

What is the total amount of cash you have in the bank (including additional current or deposit accounts) as stated on your most recent bank statement?*

Part 4 – Debts, Loans & Savings

Do you have any significant debts, including unpaid credit card bills and overdrafts? Please provide details of any significant debts.*

Yes / No

If yes, what is the total amount of your debts?

If yes, please specify:

Are you in receipt of any loans? Please provide details of your repayment plan or agreement with the lender.*

Yes / No

If yes, please specify:

Do you have any savings? Please provide further details on your savings.*

Yes / No

If yes, what is the total amount of your savings?

If yes, please specify:

Part 5 - Monthly Expenditure

Note down your average monthly expenditure. Please try to be accurate. If your cost is comparatively low or high, please provide an explanation in the box below*:

Name	Cost
Rent/Mortgage	
Ground Rent/Service Charges	
Council Tax	
Food	
Housekeeping, Laundry & Cleaning	
Gas	
Electricity	
Water	
Telephone and Mobile	
TV Licence/Satellite	
Transport/Fuel	
Domestic Help	
Medical Assistance	
Repayments of Loans/Credit Card Bills	
Child Care	
Insurance	
Other:	

Notes for any explanations

Section F: Referee Details

Your referee must be a qualified and registered social worker, support worker, medical practitioner, dentist, pharmacist, teacher, solicitor, trustee or contracted employee of a registered charity, or local faith leader. If you are applying on behalf of someone else, you cannot nominate yourself to be a referee.

Your referee CANNOT be a family relative.

Title*

First Name(s)*

Last Name*

Organisation Name*

Profession*

Address*

Town*

Postcode*

Telephone*

Email*

Please tick this box to confirm that the person is aware you have made this application and that you have listed them as a referee. If we contact them for a reference and they are not aware, then your application may be rejected or your grant offer may be withdrawn.

Section G: Monitoring Information

From where did you hear about the Trust?*

Turn2us / Grants Directory / Word of Mouth / Social Media / Google or other search / Other

How easy/difficult did you find it to complete this form?*

Very Easy / Easy / Moderate / Hard / Very Hard

How long did it take you to complete this form?*

0 to 30 minutes / 30 minutes to 1 hour / 1 to 2 hours / More than 2 hours

Declaration

I declare that the information contained in this form is truthful to the best of my knowledge and the details of income, expenditure and capital are accurate.

I declare that if I am applying on behalf of someone else, they are fully aware of this application and the information supplied within it.

I understand that the details disclosed on this form by me will be held by the Trust under the terms of the Data Protection Act 1998 for the purpose of assessing and reviewing any financial or welfare assistance from the Trust. We do not share or disclose any information to third parties.

I agree to the Terms & Conditions of applying to the Trust for funding and I understand my obligations to complete and return a monitoring form should I receive a grant.

Full name

Today's date (dd/mm/yyyy)

I confirm that the information contained in this application form is correct.