

For Office Use Only: _____

Wantok Support

“Working Together”



Gift Grant Application Form (UK Only)

Registered Charity Number : 1144961

GG04

Please read the following carefully **BEFORE** completing this application form.

Section 1 – Guidance for Applicants

Purpose of Fund

“Wantok Support” constitution states that the charity “...seeks to relieve members of the Papua New Guinea community (and others) residing in the United Kingdom and Papua New Guinea of economic hardship by raising their self-esteem, confidence and motivation and giving them the tools to fulfil their true potential.”

The charity seeks to provide grants to help individuals or families in the United Kingdom who are struggling financially, where the money will be given to help those people pay for basic household essentials, services or other facilities.

Funds are NOT available for:

- Fines for criminal offences.
- Debts to central or local government e.g. tax and national insurance.
- Business debts.
- Gifts (such as toys for birthdays, Christmas or other festivals).
- Catalogues, credit cards, personal loans and other forms of non-secured loans.
- Private education or training needs.
- Bankruptcy and Debit Relief Order.
- Deposits to secure accommodation, including rent arrears.
- Holidays and respite care.
- Over payments of benefits.

This information is required to help us to deal with your application speedily and efficiently:

- **A fully completed application form.** Please complete all the sections 3 – 8 fully and honestly. This will help us to assess your circumstances and enable us to make a decision on your application.
- **A supporting statement from two referees or referring agencies.**
- **Other information which you believe is necessary.**

If it becomes apparent that information has been withheld or appears to be false, your application may not be considered.

Policy

- Grants made by Wantok Support will be directed towards implementing the objectives of the charity. It is a condition of the grant that it be used in accordance with these objectives and to meet the need(s) specified in the application.
- Applications must be accompanied by a supporting reference from a reasonable referee (via religious leader, teacher, lawyer, doctor or such authority as the trustees deem reasonable) or an approved referring agency.
- Each request for a grant must be made on a separate official application form.
- The fully completed application form and supporting documentation must be sent to the chairperson.
- You may receive letters, telephone calls, emails or personal visits as part of our assessment process.
- Trustees meet quarterly and will discuss the application at their next scheduled meeting. Applicants will be contacted within 6 weeks of the Trustee Meeting
- Please note that the decision of the trustees on your application is final.
- Grants are generally limited to a maximum of £250, other amounts are at the discretion of the trustees.
- If you receive a monetary grant, you cannot apply again to us for another 2 years, but if you do not receive a grant, you can apply again after 6 months.

Section 2 – Personal Details of Applicant

Title: Mr	Mrs	Ms	Miss	Other (specify)
Family Name		Forename		
Current Address				
.....				
Postcode		Age (optional)		
Have you lived at this address for more than 3 years? Yes / No				
If NO, please give your previous address below.				
.....				
.....				
Home Telephone Number:		<input type="text"/>		
Mobile Number:		<input type="text"/>		
Nationality: Number of Dependents				

Section 2 – Personal Details of Applicant (continued)

How did you hear about the charity?

Email Address:

Marital Status: (Optional) Single Married Divorced

Separated Widowed Living with Partner

Employment Status: Unemployed / Employed Full Time / Employed Part Time
Self Employed / Retired / Student

Section 3 – Details of Household Members

Relationship to Applicant	Age	Illness / Disability	Employment Status
.....
.....
.....
.....

Section 4 – Funding Requirements

Total funds that you require (Maximum of £250). £

Please give a brief description of the purpose you require the funds for:-

Section 5 – Referees or Referring Agencies

Please give details of two reputable referees or referring agencies names. These referees or referring agencies should act independently of this application and must NOT be related to the applicant.

First Referee / Referring Agency

Full Name:

Address:

.....

Postcode

Telephone

Home:

Mobile:

Email :

How long have you known the applicant? Years Months

In what capacity?

.....

The first referee or referring agency MUST provide a supporting statement of how a small grant would make a difference to the life of the applicant.

Referee Supporting Statement

Signature:

Date:

Second Referee / Referring Agency

Full Name:

Address:

.....

Postcode

Telephone

Home:

Mobile:

Email :

How long have you known the applicant? Years Months

In what capacity?

.....

The second referee or referring agency MUST provide a supporting statement of how a small grant would make a difference to the life of the applicant.

Referee Supporting Statement

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Section 6 – Cheque Payee / Bank Account Details

IMPORTANT

Please note that any grant made will **NOT** be paid directly to the applicant (unless for bereavement), but to one of the referees or referring agencies stated in section 6. This may be paid in weekly or monthly instalments, or as a lump sum.

Name of referee / referring agency to be used.

.....

Name and Address of Bank / Building Society

.....

.....

Sort Code

Account Number

Section 7 - Authorisation

IMPORTANT: We are unable to process applications that have not been properly completed and countersigned.

The information on this form is true and correct to the best of my knowledge and belief.

Data Protection: By signing this form, the applicant agrees to the information on the form being stored in Wantok Support’s manual filing system and summarised electronically for the sole purpose of loan processing, analysis, auditing and accounting. All information will be treated in the strictest confidence and will not be divulged without prior agreement of those concerned.

.....

Please print name of applicant

Signature of applicant

Date

.....

Please print name of referee

Signature of referee

Date

.....

Please print name of referee

Signature of referee

Date

Completed form AND supporting evidence should be sent to the chairperson:-

Email- davidwilken93@yahoo.com (Chairperson)

Section 8 – For Office Use Only

Trustees Recommendation:	Yes	NO
Date of Meeting:	
Reasons for Trustees Decision	
	
	
	
	