

Wantok Support

“Working Together”



Grant Application Form (UK Only)

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

Section 1 – Guidance for Applicants

Purpose of Fund

“Wantok Support” seeks to relieve members of the Papua New Guinea community residing both 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.

It seeks to provide grants to help individuals or families 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.
- Funeral expenses or travel costs to funerals.

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 – 9 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 is apparent that information has been withheld or appears to be false, your application will 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 will meet together to discuss the application and normally, applicants will be notified within 3 – 5 working days of the trustees receiving the application.
- Please note that the decision of the trustees on your application is final.
- Grants are limited to a maximum of £250.
- If you receive an award, you cannot apply again to us for another 2 years, but if you do not receive an award, you can apply again after 6 months.

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

Mr. Nigel Walkinshaw, (Chairperson)

373 Landseer Road,
Ipswich,
Suffolk.
IP3-9LS

Email: info@wantoksupport.org.uk

Section 2 – For Office Use Only

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

Section 3 – Personal Details of Applicant

Title: Mr Mrs Ms Miss Other (specify)

Family Name Forename

Current Address

.....

Postcode Date of Birth/...../.....

Have you lived at this address for more than 3 years? Yes / No

If NO, please give your previous address below.

.....

.....

Home Telephone Number:

Mobile Number:

Email Address:

National Insurance Number:

Marital Status: Single Married Divorced Separated
Widowed Living with Partner

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

Nationality: Number of Dependents

Are you applying for asylum or refugee status? Asylum Refugee

Section 4 – Details of Household Members

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

Section 5 – Financial Details

Income and expenditure of the WHOLE household including any partner or other household members is required. Monthly figures only please.

	Monthly Income		Monthly Expenditure
Wages	£		Rent / Mortgage
Working Tax Credits	£		Council Tax
Child Benefit	£		Food & Shopping
Child Tax Credits	£		Electricity
Income Support	£		Gas
Council Tax Benefit	£		Water Rates
Housing Benefit	£		Telephone Mobile & Home
Incapacity Benefit	£		TV Licence & Sky
Jobseekers Allowance	£		Childminding
Retirement Pension	£		Bus / Train / Car Costs
Private Pension	£		Contents / Life Insurance
Disability Living Allowance	£		Debts
Other (specify)	£		Entertainment
Other (specify)	£		Care Charges
Other (specify)	£		Other (specify)
Other (specify)	£		Other (specify)
Total Income	£		Total Expenditure

Section 6 – Funding Requirements

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

£

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

Section 7 – 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.

Supporting Statement

Are you willing to accept the grant and act on behalf of the applicant? Yes / No

Signed: **Dated:**

Section 7 – Referees or Referring Agency’s (continued)

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.

Supporting Statement

Are you willing to accept the grant and act on behalf of the applicant? Yes / No

Signed: **Dated:**

Section 8 – Cheque Payee / Bank Account Details

IMPORTANT

Please note that any grant made will **NOT** be paid directly to the applicant but to one of the referees or referring agencies stated in section 7. This may be paid in weekly / monthly instalments.

Name of referee / referring agency to be used.

.....

Name and Address of Bank / Building Society

.....

.....

Sort Code

Account Number

Section 9 - 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.

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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