

Farnham Support Fund – Application for Assistance

Section 1		
Name:		Date of Birth:
Address:		
Telephone (Home):		Mobile:
Email:		
Section 2		
Referrer's Signature:		Date:
Name:	Occupation:	Contact Number
I certify that the above household is, in my opinion, in need of the assistance applied for below and I attach a covering letter Please tick the box below to confirm that you agree to us collecting, using, storing and sharing your personal information in accordance with the Farnham Town Council Privacy Policy <input type="checkbox"/>		
Section 3		
Assistance required (e.g. food/foodbank, support with fuel debt, household equipment, wheelchairs, care alarms, bed and beddings other)		
Reason for the application (e.g. financial situation and health issues)		
Section 4		
Household finances (give details that you feel are relevant)		
Total Weekly Income:	Weekly Expenditure:	Do you receive State benefits, if yes, please state which:
Household Details:		
No. of adults living at this address:	No. of children living at this address:	Ages of children:
Are you receiving help from other local charities/organisations? Yes No.		If yes, please give details:
Section 5		
Applicant Signature:		Date:
I certify that the above details are correct. Please tick the box below to confirm that you agree to us collecting, using, storing and sharing your personal information in accordance with the Farnham Town Council Privacy Policy <input type="checkbox"/>		

Please refer to the guidance notes overleaf to complete the application form

Guidance notes to complete the Application Form

Section 1
The applicant should complete this section in full, giving full name, address and telephone numbers. An email address is also preferred for contact purposes.
Section 2
Applications are generally not considered unless they are supported by a referee. This could be a Social Worker, GP, Social Services, Home School Link Worker, Head Teacher, Health Visitor, Nurse or applicable Voluntary Organisation. The referee should know about the applicant's situation and be able to verify the details. A covering letter/email must accompany the application. The referee should state their name and occupation and provide a telephone number for contact purposes and confirm that the Support Fund may process their details and data in accordance with The FTC privacy policy. The Farnham Support Fund may contact the referee to verify details.
Section 3
It is important to state the type of assistance required. We would expect some effort to be made with regards to the size and type of any goods required as well as their estimated costs. For example, if support with fuel bills is requested then we would expect details of these. The second part of this section requires a clear description of the need for the application. This may require details of household or financial circumstances including health issues to support the application. Your application may be shared confidentially with the Citizen's Advice Bureau, Farnham Money Advice, Farnham Foodbank, or another local organisation we think can assist help you.
Section 4
Box 4 Please detail any relevant household financial details including weekly income and expenditure, whether the applicant receives State benefits, and the household details including the number of adults and dependent children. It is important that details of what support has been received or requested from other charities/organisations are included.
Section 5
The applicant needs to sign and date this section and confirm that all the details are correct. You are requested to confirm that you agree to the Support Fund collecting, using, storing and sharing your personal information in accordance with our privacy policy. It will only be used in connection with this application and kept confidentially.

Please return the completed application to: supportfund@farnham.gov.uk or The Farnham Support Fund c/o Farnham Town Council, South Street, Farnham, Surrey, GU9 7RN.

If you have any queries, please contact the Town Council on 01252 712667