



CONFIDENTIAL
GAMEKEEPERS WELFARE TRUST

GRANT APPLICATION FORM

1. PLEASE CONFIRM WHICH GRANT YOU ARE APPLYING FOR:

Grant Name	Tick
Assistance Grant	
Family Assistance Grant	
Training Grant	

2. PARTICULARS OF THE FAMILY:

APPLICANT DETAILS	
Surname	
First Names	
Date of Birth	
Full Address	
Tel Number	
Mobile Number	
Email Address	
PARTNER DETAILS	
Surname	
First Names	
Date Of Birth	
Address (if diff from applicant)	
CHILDREN DETAILS	
First Name & Surname	Date Of Birth
1	
2	
3	
4	

3. APPLICANT'S EMPLOYMENT HISTORY (continue on additional sheet if necessary). **NB: Not required if applying for 'A Family Assistance Grant'.**

Name of employer	Address and Telephone No	Dates Worked		Position held
		From	To	

5. FEES/OUTGOINGS OF THE HOUSEHOLD

Basic outgoings	£ Per Month
Rent (before benefit)	
Mortgage	
Council Tax	
House insurance	
Water rates	
Gas	
Electricity	
Solid Fuel	
Oil	
Food and essentials	
Clothing	
Telephone	
Television License	
Broadband/Sky subscriptions	
Car Tax	
Car Insurance	
Car fuel	
MOT and repairs	
Any other insurances	
Loans/HR	
Magazine/club memberships/subs	
Bus/train/taxi/travel costs	
Home help/care costs	
Medical	
Any other costs please explain and list	
TOTAL	

6. ASSISTANCE REQUESTED (continue on additional sheet if necessary)

Nature of assistance requested <i>(please give as much detail as possible including any estimates, also provide any relevant documents available to support your application, particularly the purpose of training)</i>

7. ASSISTANCE RECEIVED OR APPLIED FOR FROM OTHER FUNDS

NAME OF FUNDS APPROACHED	AMOUNT PROMISED
1	
2	
3	
4	

8. REFERENCE

Please list the name **and** address of a suitable referee i.e. clergy, doctor, accountant, solicitor, agent, employer.

Any queries regarding a reference contact us on 01677 470180. We are here to help.

Name	
Telephone No	
Address:	

9. DECLARATION (to be signed by applicant or by a suitable representative)

I certify to the best of my knowledge that the information supplied above is correct and that I understand that any incorrect statement may be regarded as an endeavour to obtain help by deception.

Signature of applicant.....

On behalf

Date.....

Please return to:

Mrs H Benson, Gamekeepers Welfare Trust Keepers Cottage Tanfield Lodge West Tanfield Ripon HG4 5LE Tel: 01677 47010. E mail: enquiries@thegamekeeperswelfaretrust.com

This is a confidential document and will only be shared with Trustees for consideration.

References to verify employment ~~and references~~ will be requested with discretion.