



The Care Leavers' Foundation* Trust Fund

Guidance Notes and Application Form

What is The Care Leavers' Foundation?

The Care Leavers' Foundation provides small grants to care leavers.

What will we give money for?

Anything which helps you move towards your goals in life or will get you out of a real fix. We won't judge you on things that have gone wrong in your life in the past, we will look at how a grant might help you right now, to make a new start, or to help you stick with what you've chosen to do. Our grants are small, and we can't promise to help everyone who applies, but we will look at your application seriously, and promise to give everyone a fair ring.

Who can apply?

Anyone who has been 'looked after' for twelve months or more and is aged 18 – 26 at the time of application. You can also apply if you are aged 27 – 29 if your application is to do with education or enterprise.

We don't want to pry into your life, but we need enough information to make responsible decisions, and we do ask that you complete all sections as fully as possible, including telling us a little about your time in care, providing full details of your financial situation, and giving the names of two referees who can confirm your circumstances.

Who decides?

Please read the 'Framework Document' for more detail on what we will and won't support, and how decisions are made.

How long will it take?

Trustees meet three times a year to decide grant applications, so depending on when we receive your application, it may be three – four months before you get a decision, however we will endeavour to deal with urgent applications between these meetings.

How to Apply

Please read all parts of this application carefully before you fill it in. It's fine to get someone else to help you; it's also fine to call and ask for advice before you complete your form. If you find form filling difficult, why not ask your Mentor, Personal Advisor, Probation Officer or best friend to help you with it? We suggest that you only ask someone else to actually fill in the whole form for you if you really can't face doing it yourself. We get a much better picture of you if you complete your own form.

Terms and Conditions

Your signed application form implies acceptance of these terms and conditions:

1. Grants must be spent for the purpose for which they are agreed
2. You may be required to produce reasonable evidence to show how you have spent the money
3. You may be asked to help us collect information about how helpful the money was to you
4. At the discretion of the Trustees, grants may be paid by, cheque, directly into a bank account nominated by you, in exceptional circumstances in cash, or directly to the provider of the service or goods you wish to purchase
5. You should not enter into any agreement for the purchase of goods or services which relies on the payment of a grant until we have informed you that your application has been approved.

The Care Leavers' Foundation

Unit 2, Pinkers Court, Briarlands Office Park, Gloucester Road, Rudgeway, BRISTOL, BS35 3QH

Your Name:

Date of Application:

Local Authority where you were last looked after:

Office Use Only: Date Application Received:

Application Number:

Decision letter sent: / /

Application

Contact Details

Name	_____	Age	_____
Previous name if changed	_____	Date of Birth	_____
Current address	_____	Telephone	_____
	_____	Mobile	_____
	_____		_____
Email	_____	Postcode	_____

Details of Application

Amount requested £ _____

Please explain exactly what the money will be used for

And explain how it will help you improve your current situation

Please tick the category that best describes your application type:

- | | |
|--|--|
| <input type="checkbox"/> Household major or minor – hardware, furnishings etc. | <input type="checkbox"/> Temporary/emergency cash for daily living |
| <input type="checkbox"/> Education,- equipment, books, term time to up etc. | <input type="checkbox"/> Debt or housing related |
| <input type="checkbox"/> Training, personal development, enterprise and employment | <input type="checkbox"/> Exceptional medical needs, therapeutic services |

Previous Payments

We need to know whether you have had any help before with this request, from us or from another fund. If you answer 'yes' this does not mean that we won't consider your application.

Have you had any help with this request already? Yes
No

Please Give details of amount & where from:

Are you waiting to hear about any other applications you have made for help with this request? Yes
No

Details:

Have you applied to the Care Leavers' Foundation before? Yes
No

Details:

Your Income

Please tell us about your income, including money your partner brings in and any savings you have. Include a statement of benefits if you have one and tell us why you need our financial help.

Your time in Care

Please tell us how long you were in care for and little bit about your circumstances when you left care

References

We may want to talk to someone who knows about your current circumstances to support your application. If possible please give us the names of two people you would be happy for us to approach. If you have not given any names, please say why. It may be that your application is about a particularly sensitive matter. This will not necessarily mean we will not consider your application, however if you do not give references we may need to see you, which means your application could take a bit longer.

Reference 1

Name:

Occupation/relationship to you:

Address:

Telephone:

Email:

Reference 2

Name:

Occupation/relationship to you:

Address:

Telephone:

Email:

Your representative

If you have filled this form in on behalf of someone else, you must fill in this section and tell us what your relationship is to the applicant.

Name
Relationship to
applicant
Age
Date of Birth
Address
.....
.....
.....
Telephone
Email

Correspondence is normally addressed to the applicant. Please tick here if you prefer us to write to you as the representative

Your signature

Applicant's authorisation signature

How will we know the money helped you?

Please tick here if you would be willing to answer questions or fill in a questionnaire at a later date about your grant

Payment

If we are able to help you, we will make a transfer into your bank account. Please do not supply bank account details until we contact you with news of the success of your grant application. If you do not have a bank account we will make alternative arrangements for payment. Please state here any preferences relating to how the money is paid (e.g. direct to supplier)

Equal Opportunities

Please tick one of the boxes below to help us monitor the fairness of our grant making procedure. We will not use this information in making decisions, we may use it later to look at how grants are spread out. You may leave this section blank if you prefer.

- | | | | | | |
|---------------------------------|--------------------------|------------------------------|--------------------------|--------------------------------|--------------------------|
| White British | <input type="checkbox"/> | African Origin/white British | <input type="checkbox"/> | Bangladeshi origin | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | Indian origin | <input type="checkbox"/> | Bangladeshi/white British | <input type="checkbox"/> |
| African Caribbean origin | <input type="checkbox"/> | Indian/white British | <input type="checkbox"/> | Other ethnic group (say which) | <input type="checkbox"/> |
| African/Caribbean/white British | <input type="checkbox"/> | Pakistani origin | <input type="checkbox"/> | ----- | |
| African Origin | <input type="checkbox"/> | Pakistani/white British | <input type="checkbox"/> | Other mixed (say which) | <input type="checkbox"/> |

Extra Information

Use this space to tell us anything else you want us to know which will support your application or to finish something you were telling us in another part of the form where there wasn't enough space for your full answer.

More Information – please use the continuation form at the back of you want to tell us anything else.

Declaration

I certify that the information given in this application is true and if I am awarded a grant based on false information steps may be taken to recover any monies paid.

Signed:

Date:

Continuation Sheet

signed:

Decision of Committee

Application number

This section is for office use only

Application approved:

Yes

Amount agreed: £

No

If no, state reasons:

Other advice given:

Other comments:

Signed for management committee:

Date:

[Signature page not required where application is processed using on-line system]