**Criteria & Application Form**

**Criteria**

* The individual must live in the Plymouth area
* Be over 50 years of age with a view to reduce social isolation
* Some applications may be required to provide financial information and some applications may also require medical evidence from a professional
* You will be informed within 2 months of your application in writing
* Pearn Charitable Trust Trustees decision is final

**Section 1**

**Formal Application**

|  |  |  |
| --- | --- | --- |
| **1.1** | **Name of Applicant** |  |
| **1.2** | **Date of Birth** |  |
| **1.3** | **Address & Postcode Of Applicant** |  |
| **1.4** | **Contact Details**  **Work**  **Home**  **Mobile** |  |
| **1.5** | **Email Details** |  |
| **1.6** | **Should We Require To Contact You, What Is Your Preferred Method Of Contact** |  |
| **1.7** | **Please sign to say you are aware of the contents of our privacy policy** |  |

**Section 2**

**Request**

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| --- | --- |
| **2.1** | **What are you requesting funding for?** |
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| --- | --- |
| **2.2** | **Have you got a quote/Pro Forma from your preferred supplier, with a description of the item and overall cost?**  **Does this include training on the item and maintenance (Please attach paperwork)** |
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| **2.3** | **If successful, how will you keep us updated in the following 12 months about what the funding was provided for** |
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**Section 3**

**Outcomes**

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| **3.1** | **What are the benefits to you?** |
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| **3.2** | **How many people will benefit from the funding? (E.G. yourself/carer/family)** |
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| --- | --- |
| **3.4** | **Do you have a report from a professional/registered person to explain how this funding would benefit you?**  **(If so please attach)** |
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**Section 4**

**Payment**

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| **4.1** | **Please provide details of the bank account you would like payment made into, and provide a recent (up to 3 months old) bank statement** | |
| **4.2** | **Bank Account Name** |  |
| **4.3** | **Bank Account Number** |  |
| **4.4** | **Sort Code** |  |

|  |  |  |
| --- | --- | --- |
| **4.5** | **Have you applied to Pearn Charitable Trust before?** |  |

|  |  |  |
| --- | --- | --- |
| **If Yes then please provide the following information** | | |
| **4.6** | **How Much Were You Awarded** |  |
| **4.7** | **When Did You Receive The Funding** |  |
| **4.8** | **Did You Complete An Evaluation form after the funding was awarded?** |  |

**If the requested item is funded by another organisation or not purchased with these ‘Restricted Funds’ then it MUST be returned to Pearn Charitable Trust within 3 months of accepting/cashing the donation.**

**Please return the completed application by post or email**

**Authorisation**

**The application must be signed by the applicant and authorised by the Chairman or in his absence The Deputy Chairman.**

|  |  |
| --- | --- |
| **Name Of Applicant** |  |
| **Signature Of Applicant** |  |
| **Have You Applied To Anyone Else For This Funding (If so please give details of all applications)** |  |
| **Date Applied** |  |

**Trustees Only**

|  |  |
| --- | --- |
| **Authorised By** |  |
| **Signature** |  |
| **Chairman /**  **Deputy Chairman** |  |
| **Date** |  |

**Please ensure you have checked the valid documents required to complete this application**

|  |  |
| --- | --- |
| **Registered Medical Professional Certificate for Medical Condition** | **Date Of Document** |
| **Medical Professional Report Identifying The Difference The Request Would Make** | **Date Of Document** |
| **A Quote/Pro Forma For Any Equipment Required** | **Start Date Cost** |
| **Bank Statement (less than 3 months old) confirming the given bank details** | **Date Of Document** |
| **If Funding was applied for before and granted, were all criteria’s met?** |  |
| **Chairman/**  **Deputy Chairman Signature** |  |