



Alchemy Charitable Trust
For those in exceptional need

Application for Assistance

Applications for a financial grant can be made by individuals and families living in West Kent and Sussex providing they meet the criteria outlined below.

Like every charity, **ACT** has limited funds available for distribution and whilst the Trustees look to provide support to all worthy applicants we do not have the funds to approve every application received. If further information is required the Trust Administrator will contact you.

ACT will write to all applicants informing them of the Trustees' decision and details of the grant, if awarded, within 60 days from receipt of application. We regret we are unable to provide specific reasons or provide feedback on individual applications where a grant is not awarded.

Applicants for support need to:

- be facing exceptional need.
- tell us what they have done to help themselves and show that they have been unable to obtain funding from other sources
- **be supported by a person who knows the applicant in a professional capacity such as a social worker, health worker, housing support worker, minister of religion, police officer, teacher or Citizens Advice Bureau Advisor**

If you believe you may be eligible to apply for support from ACT please complete the application form as fully as you can, pass it to your referring professional for their agreement and send it to us. To add further information or if you require more space, please use separate sheets of paper and attach them to this form.

If you need help in completing this form, please email the Trust Administrator at: enquiries@alchemyct.org

Section 1: Applicant Information

Name of applicant or person requiring assistance:

Age:

Address of Applicant or person requiring assistance (including Post Code)

Email:

Phone (Landline):

Phone (Mobile):

How long have you been living in Sussex or West Kent?

How did you hear about ACT?



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Section 2: Requested Assistance

Please state the financial amount of grant funding required

£

Please provide as much information as possible including background information leading up to your current circumstances to assist the Trustees in making a decision (Continue on a separate sheet if required)

(Note: If you are applying for assistance to purchase a medical service/equipment we will require confirmation from a suitably qualified person that the item is appropriate to meet your needs and that the Local Authority and Health Authority cannot provide the item or funding).



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Section 3: Other Funding Applications

Have applications been made to other organisations, social fund, or charitable funders for this need?

Yes No

If Yes, please list each benefit received and amount below, we do require the outcome of each application as we are a charity of last resort:

And if NO why not as ACT is a charity of last resort:

	Funder	Sum requested	Outcome	Sum Received
1				
	if declined brief reason			
2				
	if declined brief reason			

Section 4: Household Information

Accommodation:

Council tenant Owner occupier Housing association Private rented
 Part owner Shared ownership Refuge/Hostel Other (please specify)

.....

Please fill in the following, ticking the necessary boxes where required for each person in your household.

	Relationship	Age	Illness or disability	employed	Self employed	Unemployed	retired	education
	<i>daughter</i>	<i>12</i>	<i>none</i>					
1								
2								
3								
4								
5								
6								



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Section 5: Financial Information

In order for the Trustees to fairly consider each application it is important that we know the financial circumstances for each applicant. We realise that this is sensitive information but without it we are not in a position to determine where need is greatest. We hope that you will understand this. **Please complete below income and expenditure information accurately and provide copies of proof of income:**

INCOME

Please declare **ALL** Income

Please confirm whether the information is:

Per Week

Per Month

(delete one)

INCOME	Applicant	Partner
Wages/salary you take home (after tax and other deductions)	£	£
Pensions	£	£
Incapacity benefits or ESA	£	£
JSA	£	£
Working Tax Credits	£	£
DLA or PIP	£	£
Income support	£	£
Child tax credits	£	£
Child benefit	£	£
Family Tax Credit	£	£
Statutory pay such as maternity or SSP	£	£
Housing/Council Tax Benefit	£	£
Universal Credit	£	£
Other benefits or income	£	£
Total Income per person	£	£
TOTAL INCOME (A) Use in Summary (page 5)	£	

SAVINGS

Please state if you have **ANY** savings

Type	Amount	Details
Saving Accounts		
ISA's		
Other		
TOTAL	£	

DEBTS

Please state **ALL** debts you have below and provide details of when these debts occurred in the space provided.

Type	Amount	Details
Credit cards	£	
Rent Arrears	£	
Mortgage arrears	£	
Overdrafts	£	
Other	£	
TOTAL	£	



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Expenses

Please **confirm** whether the information is

Per Week

Per Month

(delete one)

Type of Expenditure	Amount
Mortgage	£
Rent	£
Council tax	£
Utilities (gas/electricity etc)	£
Groceries/food etc	£
Mobile or fixed line phone	£
Travel (car/bus etc)	£
Clothing/footwear	£
TV licence	£
Socialising/leisure	£
Credit card repayments	£
Store card repayments	£
Arrear repayments	£
Car loan repayments	£
Payday lender repayments	£
Bank loan repayments	£
Other debt repayments	£
Fines (if repayment schedule agreed)	£
Insurance (car, home)	£
Child Support/Maintenance	£
Other miscellaneous expenses	£
TOTAL (B)	£

SUMMARY:

Please complete & ensure accuracy

Total Income (A)	£
Total Expenses (B)	£
Net surplus/deficit	£

Please provide any additional information to support your grant request below and attach a **copy** of your benefit statement if available and or bank statement.



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Was this form completed by the applicant? Yes No

If 'no' please provide the name and job title of the person who completed the form:

GDPR PRIVACY STATEMENT:

By signing this Application Form you consent to the following use of personal information:

Alchemy Charitable Trust takes your privacy seriously and will only use your personal information in relation to the charitable services you have requested from us.

We will not pass or share your information with any third party outside the Alchemy Charitable Trust.

Your information will be stored on secure databases within our servers. We will securely destroy ALL paper files as soon as they have been scanned to our servers.

Only employees and trustees will have password access to the servers.

The personal information we store will only be that provided by you and your Supporting Professional.

We will provide you with all the information we store on you if requested in writing.

This information will only be sent to the person and address we hold on our file.

YOUR RIGHT TO ANONYMITY

If you request that we delete your information from our servers before it is automatically deleted after 3 years we will confirm to you that the information has been deleted and when this occurred.



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SIGNATURE PAGE

IMPORTANT: Incomplete and unsigned application forms will NOT be considered.

In signing this form, each signatory confirms that the information on this form is correct to the best of their knowledge and belief and that they agree to the terms of the GDPR policy stated on previous page.

Name of applicant or person applying on their behalf

Signature of applicant

Date

Name of referring professional

Professional capacity in which you know this applicant

Email address of referring professional ESSENTIAL as this will be the method of contact

Signature of referring professional

Date

Please scan and email the completed application form to enquiries@alchemyct.org or send to:-

The Trust Administrator
Alchemy Charitable Trust
Redshield Business Solutions
Suite 3, 1-3 Warren Court
Park Road
Crowborough
East Sussex
TN6 2QX



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www.alchemyct.org