

Case no.

4 DETAILS OF APPLICANT'S FAMILY (if applicable)

Partners full name(s) and dependent childrens' full name(s): natural, adopted or stepchildren	Date of birth	Resident with applicant?	Employed/unemployed/ in Higher Education	Age on date of signature of applicant
Partner:		Yes	Employed	
Dependent 1:		Yes	Employed	
Dependent 2:		Yes	Employed	
Dependent 3:		Yes	Employed	
Dependent 4:		Yes	Employed	

5 INTERVIEWING OFFICER'S REPORT

6 REPORTING OFFICER'S DETAILS

A. Name in full: B. Signature: C. Date:

D. Telephone No.: E. Email:

7 TYPE OF GRANT(S) APPLIED FOR

please tick as appropriate

- Maintenance
 Child or Young Person
 Education Note 5
 Special Purpose (e.g. house repairs) Note 6
 Residential Care
 Funeral

Note 5 Education Grant Applications require supporting documents offer/university place offer/student loan.

Note 6 Applications relating to debt must supply a report from debtwizard.

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8 FINANCIAL DETAILS - INCOME

NET MONTHLY INCOME	£	P
Police Pension	0.00	
Earnings (if applicable)	0.00	
State Retirement Pension	0.00	
Family Allowances	0.00	
Income Support	0.00	
Statutory Sick Pay	0.00	
Other income (give details)	0.00	
Income from investments	0.00	
Contributions from other members of the household (give details)	0.00	

NET MONTHLY INCOME	£	P
Invalid Care Allowance	0.00	
Disability Living Allowance	0.00	
Attendance Allowance	0.00	
Incapacity Benefit	0.00	
Industrial Injuries Disablement Benefit	0.00	
Reduced Earning Allowance	0.00	
Constant Attendance Allowance	0.00	
Income from other Charities	0.00	
Tax Credit	0.00	

TOTAL HOUSEHOLD INCOME £ 0.00

9 FINANCIAL DETAILS - OUTGOINGS

AVERAGE MONTHLY EXPENDITURE
Rent or mortgage payments
Council Tax and Water Rate
Ground rent
SUB-TOTAL:

£	P	Amount outstanding at date of application
0.00		0.00
0.00		0.00
0.00		0.00
£ 0.00		£ 0.00

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DEBTS AND SAVINGS
If you have any large non-recurring accounts for settlement give details here (e.g. credit cards, HP or loans)

£	P	TYPE
0.00		
0.00		
0.00		
0.00		
0.00		

Savings

0.00		
0.00		
0.00		
0.00		
0.00		

Details of ANY grants, awards or compensations received other than from the Police Dependants' Trust
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0.00		
0.00		
0.00		
0.00		
0.00		

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10 DECLARATION AND CERTIFICATE OF APPLICANT

Case no.

- (Delete if inapplicable) {
- A. My attention has been drawn to note 1 at item 3 of this application form.
 - B. I wish to apply for the grant(s) as specified at item 5.
 - C. I do not wish to apply at this time but I am aware this does not prevent me from making an application in the future.

I certify that the information given in this application is, to the best of my knowledge and belief correct and that I am the parent/guardian of the child/children for whom application for educational grant(s) is/are made.

I consent to this information being held by the Police Dependants' Trust

I realise that I may request to see all information held for me by the Trust

May share this information with other charitable or grant making organisations

Signature:

Date:

11 RECOMMENDATION AND REMARKS OF CHIEF OFFICER OF POLICE FOR THE AREA IN WHICH THE APPLICANT IS RESIDENT.

A. Signature of Chief Officer of Police:

B. Date:

C. Police Force:

12 APPLICANT'S BANK DETAILS Note 7

Name of Bank / Building Society:

Address of Bank / Building Society:

Bank / Building Society Sort Code:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Bank / Building Society Account Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Note 7 Details required as the PDT will be moving to BACS payments

Police Dependants' Trust 3 Mount Mews, High Street, Hampton TW12 2SH
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