Spittal Trust Application for Assistance

Please complete the following in **Black** INK. To be eligible to make an application to the Spittal Trust you must have been a resident in Alloa for the last 10 consecutive years.

Personal Details

Address Postcode National Insurance No. Date of Birth I I I Postcode I Please indicate the number of persons in the household: (a) Employed Adults (c) Children (ages) Income Please indicate the total amount of WEEKLY income, before expenses from ALL sources. State source	Date of Birth		ne																																
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Have you applied to the Scottish Welfare Fund for the item(s) requested from the Spittal Trust? If **yes** please produce letter of refusal.

If you are currently paying a DWP loan indicate how much you are paying and indicate when you will finish repaying the loan.

Have you received grants from other sources? eg. Education Authority clothing grant. If yes, please give details.

Assistance

Please indicate what assistance is required. Please indicate clearly why the assistance is required.

If there is a medical reason for the application, a doctor's certificate should be submitted with the application. Please give full name of the person for whom the application is made and the name and address of doctor.

Applicant

	_															
Forename																
Surname																

Doctor																
Forename																
Surname																
Address																
Postcode																

Any other relevant information.

We will use the information you have provided to process your application for assistance from the Spittal Trust. We may also check some of the information you have provided with:-

- (a) any relevant service of Clackmannanshire Council
- (b) your employer or other party, or
- (c) your doctor

I consent to such persons releasing the information to the Trustees. I declare that the information I have given on this application form is correct and complete and I consent to the Trustees using this information to process my application.

Signature

Date]/[/ [

If you require any assistance to complete this application form please contact the Assessment and Billing Team, Revenue Services, Kilncraigs, Alloa, FK10 1EB (Tel: 01259 226237) to whom all completed applications should be returned.

For further information on the Spittal Trust please see www.clacksweb.org.uk/community/spittaltrust