



GRANT APPLICATION FORM

This grant is for people who are unable to fund a holiday themselves

All information will be treated as strictly confidential

| Section A | To be completed by applicant | | |
|--|---|---------------------|-----------|
| Personal Details | | | |
| Your Name | Mr / Mrs / Miss | | |
| Address | ..... ..... |  |  |
| Post Code | ..... |  |  |
| Telephone Number | ..... |  |  |
| Marital Status | Married / Single / Widowed / Separated / Divorced | | |
| Date of Birth | ..... |  |  |
| Name of person with disability | ..... |  |  |
| What is their disability ? | ..... |  |  |
| Relationship to you | ..... |  | Age |
| Who else lives in your home | Name | Relationship to you | Age |
| | [] | | |
| Tick those that you | [ ] | ..... | ..... |
| would like to holiday | [ ] | ..... | ..... |
| with you. | [ ] | ..... | ..... |
| | [] | | |
| Who else would you like to come too (max 6 total)? | ..... ..... |  |  |

| Holidays | |
|--|----------------------------------|
| Which year did you last have a holiday? | ..... |
| Where did you go? | ..... |
| Who paid for this holiday? | ..... |
| Have you any other holidays planned? | ..... |
| What sort of holiday (if offered) would you like ? | ..... ..... ..... |
| Have you got transport for your holiday?..... | Approximate cost of holiday..... |
| Please briefly state the reason this holiday is required | |
| | |

| | | |
|---|----------------------------------|---------------------------------|
| Household Income | | |
| Are benefits your only source of income? | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| Please list the benefits and income here | Benefit | Income/week (£) |
| | | |
| | | |
| | | |
| | | |
| | | |
| Please list income from your job: | | Income/week (£) |
| | | |
| | | |
| How much money do you have in savings? eg bank or building society account |  | ..... |

| | | |
|---------------------|----------------------------------|--|
| If you are a carer: | Are you a: | full time carer [<input type="checkbox"/>] |
| | | part time carer [<input type="checkbox"/>] |
| | How long have you been a carer ? |years |

| |
|--|
| I confirm that the information I have given is accurate and I am unable to fund a holiday myself |
| Signed.....Date..... |

| | |
|------------------|---|
| Section B | This section must be completed by a professional such as a social worker who knows about you and your family |
| Name | ..... |
| Occupation | ..... |
| Address | ..... |
| | |
| | |
| Telephone Number | ..... |

| |
|---|
| The Hase Foundation is a Trust which provides holiday grants for disabled people and carers on low incomes. To help our selection procedure we would be grateful if you could supply a brief account of the applicant and reasons you think a holiday would benefit them. |
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| |
| I am satisfied that this applicant is in need of a holiday and is unable to fund a holiday themselves |
| Signed.....Date..... |

Please return to: Jane Ward, 6 Green End Gardens, Hemel Hempstead, Herts HP1SN