CLOUDESLEY GRANT APPLICATION FORM

Administered by Age UK Islington on behalf of Cloudesley

|  |  |
| --- | --- |
| **Name of applicant:** |  |
| **Date of birth:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **Ethnic Group** |  |
| **Health Condition(s)** |  |
| **Housing Tenure** – records type of accommodation such as council, housing association, private |  |
| **Household**  – records if living alone or with others |  |
| **Type of Grant**  – Crisis or Catalyst |  |
| **Purpose for Grant** |  |
| **Appropriate evidence provided for eligibility?** |  |
| **Breakdown of items/services applied for including items cost** |  |
| **Name of staff member completing the application** |  |
| **Date of application** |  |
| **SIGNED (Applicant)** |  |

|  |  |
| --- | --- |
|  |  |
| **Passed onto Head of Service for consideration?** | YES  NO |
| **Application decision?** | YES  NO |
|  |  |
| **If approved has a Purchase Order Form been completed?** | YES  NO |
| **Has the completed purchase order form been sent to Head of Service for authorisation?** | YES  NO |
| **Has the Purchase Order Form been sent to finance officer?** | YES  NO |
| **Has order been placed by finance officer and confirmed with staff member and client?** | YES  NO |
| **Have items been delivered?** | YES  NO |
| **Application Completed?** | YES  NO |