

Welfare Fund Application Form



| Applicant details | |
|--------------------------|--|
| Name | |
| Address | |
| | |
| | |
| Home contact number | |
| Mobile contact number* | |
| Email address* | |

***Complete if applicable**

| Next of kin details | |
|----------------------------|--|
| Next of kin name | |
| Next of kin address | |
| | |
| | |
| Next of kin contact number | |
| Next of kin email address* | |

***Complete if applicable**

| Which service are you looking to access? (Please tick) | |
|---|--|
| Day centre – Mackenney Centre, Gillingham | |
| Day centre – Pat Warner Dementia Suite, Gillingham | |
| Day centre – Chris Ellis Centre, Strood | |
| Day centre – Capstone Dementia Centre, Chatham | |
| Homecare services | |

Return applications to our registered offices:

The Welfare Fund, Age UK Medway, The Admirals Offices, Main Gate Road, The Historic Dockyard, Chatham, Kent, ME4 4TZ

Company registration number: 06876354

Charity registration number: 1133023

Please provide a brief explanation of your circumstances and why you are looking to apply? (Continue on last page if needed)

| | |
|--|--|
| | |
|--|--|

| | |
|--|--|
| Social services care manager name* | |
| Social services care manager contact number* | |
| Social services care manager email address* | |

***Complete if applicable**

SECTION TO BE FILLED IN BY AGE UK MEDWAY MANAGER*

| | |
|---------------------------------------|--|
| Age UK Medway Manager name and centre | |
| Age UK Medway Manager statement: | |
| | |
| Age UK Medway Manager signature | |

***Age UK Medway Manager to complete if applicable**

By signing here I hereby confirm that all the details I have provided are true and agree that my details will be shared with Age UK Medway staff and Information and Advice team.

Print name:

Signature:

Date:

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Continue below if needed:



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