## APPLICANT'S AGREEMENT

**Please read carefully before signing.**

Making an application does not mean a grant will be awarded. Each application will be considered on it's merits by the Management Committee at their quarterly meetings. I have read and understand the process of applying for a holiday grant. By signing this application form, you agree that the Management Committee can process your personal information for legitimate purposes whilst considering your application. Full details can be found at www.mmht.org.uk/privacynotice. Your personal information will be held by the Trust and will be treated as confidential, with the appropriate security.

Signed: _____ Date: _____

**DATA PROTECTION ACT 1988**

The information you supply on this form will be recorded by the Trust in its records. The Trust will process the data to keep a record of applications and grants made. The information will be used to contact applicant, sponsors, and holiday providers. The information disclosed to the Officers, Trustees, Employees, Management Committee or Auditors of the Trust or to the Charity Commission but only in so far as it is to ensure the proper administration of the Trust.

**CHECKLIST**

- ☐ Completed your application giving as much information as possible?
- ☐ Your sponsor has completed and signed their section of the form?
- ☐ Now enclosed the form, together with the letter of support from our sponsor.

**Then post or email to:**

Mary Macarthur Holiday Trust, Unite House, 1 Cathedral Road, Cardiff CF11 9SD

admin@mmht.org.uk

**For more information please don't hesitate to call 07886878086**

OFFICE USE ONLY:

Date Grant Approved _____ Date Grant Claimed _____

Cheque No/Debit Card _____

To whom payable/Holiday Chosen _____

Rec'd Ref.

# Mary Macarthur Holiday Trust

Charity No 209989

*'Help for women in need'*

## ABOUT YOU

Please use black or blue pen to fill out this form.

**This section is about the woman who is applying for the holiday grant.**

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Title** | | | **Mrs** | | | | **Miss** | | | | | | **Ms** | | | | | | |
| **First Name(s)** | | | | | | | | | | | | | | | | | | | |
| **Surname** | | | | | | | | | | | | | | | | | | | |
| **Date of Birth** | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | |
| **Address** | | | | | | | | | | | | | | | | | | | |
| | | | | | | | **Post Code** | | | | | | | | | | | | |
| **Town** | | | | | | | | | | | | | | | | | | | |
| **County** | | | | | | | | | | | | | | | | | | | |
| **Home No** | | | | | | | | | | | | | | | | | | | |
| **Mobile No** | | | | | | | | | | | | | | | | | | | |
| **Email** | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| **preferred method of contact?** | | **Email** | | | **Post** | | | | **Mobile** | | | | | | | | | | |

If you are successful in being awarded a grant, it is solely for the woman applicant.
If you choose to take company, then separate funds must be found for them.

## CRITERIA

Even if you fit our criteria, you are not guaranteed a grant.

**Which of the following points of our criteria apply to you?**

| | | | |
|---|---|---|---|
| ☐ | **Financial Need** | ☐ | **Disablement (inc mental health)** |
| ☐ | **Carer** | ☐ | **Other** |

**How did you hear about the Mary Macarthur Holiday Trust?**

_____

## WORKING STATUS

**We need to know about your working status**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Are you in employment?** | | **Yes** | | **No** | | | |
| **If YES** | | **Part Time** | | **Full Time** | | **Voluntary** | |
| **What is your occupation?** | | | | | | | |
| **If NO** | | | | | | | |
| **When was the last time you worked?** | | | | | | | |
| **Where did you work?** | | | | | | | |
| **Why did you finish?** | | | | | | | |
| **Why haven't you worked since?** | | | | | | | |

## YOUR INCOME & EXPENDITURE

**We need to know about the money coming into your home and how much you spend each month?**

| **Do you receive any of the following tax credits or benefits?** | | | | | |
|---|---|---|---|---|---|
| | **Universal Credit** | | **Working Tax Credits** | | **Child Tax Credits** |
| | **Income Support** | | **Income based JSA** | | **Incapacity Benefit** |
| | **ESA** | | **Pension Credit** | | **Housing Benefit** |
| | **Carers Allowance** | | **DLA** | | **PIP** |
| | **Child Benefit** | | | | |
| | **Please tick here if you do not receive any of the above.** | | | | |

| | | |
|---|---|---|
| **Total amount of benefits received in £'s (e.g. Child Tax Benefit etc)** | £ | |
| **Total monthly salary after stoppages (if applicable)** | £ | |
| ***Breakdown of expenditure per month*** | | |
| **Rent** | £ | |
| **Mortgage** | £ | |
| **Council Tax** | £ | |
| **Water rates** | £ | |
| **Food** | £ | |
| **Gas & Electric** | £ | |
| **Credit card, mobile phone, debt repayment etc** | £ | |
| **TOTAL EXPENDITURE** | £ | |

## YOUR HOLIDAY

If your application is successful in being a grant, this will be used towards your chosen holiday as specified here. We do not cover spending money. We cannot pay any holiday booked before the decision is made. Therefore, please do not book a holiday until you receive confirmation from the Trust of you being awarded a grant.

**Please circle as appropriate**

| | | | | |
|---|---|---|---|---|
| **If you are successful in being awarded a grant, are you able to contribute to the cost of the holiday** | | **YES** | | **NO** |
| **If YES, how much** | **£** | | | |
| **When did you last have a holiday of one week or more?** | | | | |
| **Where would you like to go on holiday?**<br>**Why have you chosen this location?** | | | | |
| **Have you applied to any other charity or organisation** | | **YES** | | **NO** |
| **If YES, what charity or organisation?** | | | | |
| **Have you previously received a grant from our Trust?** | | **YES** | | **NO** |
| **If YES, what year?** | | | | |

## SPONSOR

| | | | |
|---|---|---|---|
| **Name of Sponsor** | | | |
| **Position** | | | |
| **Organisation** | | | |
| **Address** | | | |
| | | | |
| | | **Post Code** | |
| **Tel No** | | | |
| **Mobile No** | | | |
| **Email Address** | | | |
| | | | |
| **Length of time you have worked with the applicant?** | | | |

**NOTE TO SPONSOR: It is essential that your comments in support of this application are set out in some details on your letterheaded paper. Please state why you feel the applicant is eligible for a holiday grant and how a holiday would benefit her health.**

Signed: Date: