



Jersey Christmas Appeal 2018

www.jerseychristmasappeal.je

Serial Number: _____

Application for Assistance

(Valid from 15th October 2018 to 30th November 2018 only)

Please complete in BLOCK CAPITALS

APPLICANT'S FULL NAME _____

Address _____

Post Code _____

Telephone _____ Date of Birth ____ / ____ / ____ Employed Yes No

LIST EVERY DEPENDANT IN THE HOUSEHOLD

Full Name	Relationship to Applicant	Date of Birth	Employed? Yes or No
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

- Are you in receipt of Income Support? Yes No
- If you do not have heating provided for in your rent do you wish to apply for a heating voucher? Yes No
- If you are unable to go shopping and would prefer a hamper please tick this box

You **MUST** state your main reason(s) for applying for this support. Please tick the relevant box(s) below:

Unemployment Disability Ill-Health

I confirm I have the permission of any dependants listed above to provide their personal information and I also declare that all the above information is to the best of my knowledge correct and understand that any false information will prejudice my application for assistance. I also understand that this application does not guarantee receipt of any assistance from the Jersey Christmas Appeal.

By completing this application I hereby agree that the Lions Club of Jersey (on behalf of the Jersey Christmas Appeal) may keep these personal details in accordance with the Data Protection (Jersey) Law 2018 for the purposes of considering this application for assistance. I also agree that you may verify the information I have provided with the Social Security Department or any of the Approved Referring Agencies overleaf. For details of how the Jersey Christmas Appeal deals with personal information please refer to our Privacy Policy at www.jerseychristmasappeal.je

Signed by the Applicant _____ Date ____ / ____ / ____

Note: This form must be endorsed by an Approved Referring Agency (see overleaf) BEFORE being returned by mail to: The Jersey Christmas Appeal, Freepost JE736, Jersey JE1 1AF

Guidelines for Referring Agencies

1. All Applications for Assistance must be fully completed and endorsed by an Approved Referring Agency
2. Approved Referring Agencies are:
Rotary Club of Jersey; Lions Club of Jersey; Rotary de la Manche; Jersey Round Table; Soroptimists Club; States Members; Parish Constables; Citizens Advice Jersey; Family Nursing & Home Care; Department of Health and Social Services; General Practitioners / Family Doctors; Mind Jersey; Jersey Womens Refuge; Headway; Jersey Hospice Care; St Vincent de Paul Society; Communicare; Age Concern; ACET Jersey
3. If you have been asked to endorse an Applicant and you are not part of an organisation on the above list or have any other queries please telephone the Jersey Christmas Appeal on 857689 for further advice
4. The Jersey Christmas Appeal wish to help as many of those as possible **who need special assistance at Christmas** and their immediate dependants due to any of the following circumstances:
 - Adverse financial circumstances
 - Particular need due to impairment, disability, handicap or unemployment
 - Elderly persons living alone and those who find shopping difficult due to disability

The person endorsing this form should be reasonably satisfied that at least one of the above circumstances apply
5. **Depending on the availability of funds** and the needs of the Applicant the Jersey Christmas Appeal tries to offer the following assistance:
 - A Hamper for elderly persons living alone and those who find shopping difficult due to disability
 - A Grocery Voucher for Applicants who can shop for themselves
 - A Fuel Voucher for Applicants who do not have heating provided for in their rent
 - A Young Persons Gift Voucher for each dependant child aged 14 and under
6. Applications for Assistance will not be considered before the 15th October 2018 and must be mailed to the Jersey Christmas Appeal by the end of November 2018
7. Only official 2018 forms will be accepted. Photocopied forms are not permitted for use and will be rejected
8. Fully completed & endorsed forms should be mailed to: **Jersey Christmas Appeal, Freepost JE736, Jersey JE1 1AF**

REFERRED BY:
(Name of Organisation /
Official Stamp)

FROM MY KNOWLEDGE OF THE APPLICANT & THE INFORMATION PROVIDED I HEREBY ENDORSE THIS APPLICATION FOR ASSISTANCE FROM THE JERSEY CHRISTMAS APPEAL

Signature _____ **Print Name** _____