



Jersey Christmas Appeal 2021

Serial Number: C

www.jerseychristmasappeal.je

Application for Assistance

(Valid from 20th October 2021 to 30th November 2021 only)

Please complete in CAPITAL LETTERS

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 Yes, please provide 3 months of evidence to the person endorsing your application)
- Do you pay separately for heating? Yes No

You **MUST** tick the appropriate box, below, to indicate your main reason for applying for charitable support

Unemployment Disability Ill-Health Financial Other (briefly explain)

I confirm I have the permission of those 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 the provision 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

(No stamp is required)

Guidelines for Referring Agencies

1. **All Applications for Assistance must be fully completed and endorsed by Approved Referring Agencies**
2. Approved Referring Agencies are:
Brighter Futures, Brightly, Citizens' Advice Bureau, Community Saving Bank, Evans House, Family Nursing & Home Care, Grace Trust, Headway, Jersey Women's Refuge, Mind Jersey, Probation, Resettlement Project - 19 Midvale Road, Shelter Trust, Silkworth Lodge, St Vincent de Paul and Strathmore 16-25 Project and Sanctuary Trust, Nominated Parish Official.
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 wishes to help as many of those as possible **who need special financial 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
 - Domestic Issues

The person endorsing this form should be reasonably satisfied that at least one of the above circumstances apply, the applicant is known to the referring agency and if claiming on income support has provided supporting documents detailing payments for the past 3 months.
5. **Depending on the availability of funds** and the needs of the Applicant the Jersey Christmas Appeal tries to offer the following assistance:
 - A Grocery Voucher
 - A Fuel Voucher for Applicants who do not have heating included in their rent
 - A Young Persons Gift Voucher for each dependent child aged 14 and under
6. Applications for Assistance will not be considered before the 25th October 2021 and must be mailed to the Jersey Christmas Appeal by the end of November 2021
7. **Further forms can be obtained on-line and printed for endorsement by any Referring Agency named in item 2.**
8. For further information please see www.jerseychristmasappeal.je

REFERRED BY:
(Name of Organisation /
Official Stamp)

HAVING ASSESSED THIS APPLICATION, I HEREBY ENDORSE THIS APPLICATION FOR ASSISTANCE FROM THE JERSEY CHRISTMAS APPEAL.

Signature _____ Print Name _____

Date _____

