

# GPM Charitable Trust – Application Form

formerly LLOYD, NATSOPA Memorial & Sheridan Trusts

**Administration Address: C/o 43 Spriggs Close, Clapham Bedford, MK41 6GD**

**Telephone: 07733-262991**

**Email Address: gpmcharitabletrust@tiscali.co.uk**

**All sections of this form must be completed, if not it could delay your application**

## ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

### 1 DETAIL OF APPLICANT

(Please print and complete in black ink)

Name	<input type="text"/>		
Address	<input type="text"/>		
Telephone(s)	<input type="text"/>		
Email	<input type="text"/>		
Date of Birth	<input type="text"/>		
Age	<input type="text"/>		
Employment Status	Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Retired <input type="checkbox"/>

(please answer YES in the appropriate box)

Please give a brief history including dates of your employment in the Printing or Related Industry:

Dates	Companies worked for including address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Health Problems / Personal Circumstances (please provide details of your medical circumstances)

<input type="text"/>
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**2 DETAILS OF PARTNER** – *please fill in this section only if your partner is living with you*

Name

Age

Health problems / disabilities (if applicable)

**3 For what purpose will the grant be used?** *Please answer YES in the appropriate box(es)*

a) Mobility Aid

☐

b) Respite / Convalescent Break

☐

c) Relieve Financial Hardship

☐

*Please give  
full details*

**4 Amount of grant you are applying for**

(the trustees generally only provide a one-off grant, subject to the individual applicant's circumstances)

**5 How much (if any) have you raised so far ?**

**6 What contribution (if any) can you or your family make ?**

## 7 Do you have a Legal Claim Pending?

Please answer YES or NO

## 8 Financial Situation

### Total Savings / Investments

Please give details of the amounts of all State Benefits you are receiving, e.g. Statutory Sick Pay; Income Support; Housing Benefits; Incapacity and/or Disability Benefits, etc. Please note that GPM Charitable Grants are designed to supplement not replace State Benefits, so please ensure that you are getting your full entitlements. Advice should be available from your local Benefits Agency or Citizens Advice Bureau.

INCOME	Applicant		Partner	
	Amount	How often paid	Amount	How often paid
State Retirement Pension				
State Benefits i.e. Statutory sick pay; Income support; Housing benefit; Incapacity and / or Disability benefit				
Occupational Pension				
Wages / Company sick pay				
Other Income (Please specify)				
Total Income				

## Further Information

Have you applied to any other charities / organisations within the last year ?

Please answer YES or NO

☐

If yes please specify status of your benefit application: Awaiting Decision / Refused

## 9 Present Accommodation

Is your home

Owner Occupied

☐

Rented

☐

## 10 How did you hear about the GPM Charitable Trust?

Trust website

☐

At the workplace

☐

Union representative

☐

Other (please specify)

The information in the next section is voluntary and will not be used as part of the deliberation as to whether a grant is issued. The information will only be used to monitor our progress in ensuring that we meet the needs of the widest possible claimant base.

About you - What ethnic group do you belong to?

White British

☐

Asian or Asian British Indian

☐

White Irish

☐

Asian or Asian British Bangladeshi

☐

White Other

☐

Asian or Asian British Pakistani

☐

Chinese

☐

Asian or Asian British Other

☐

Black or Black British Caribbean

☐

Mixed White & Black African

☐

Black or Black British African

☐

Mixed White & Black Caribbean

☐

Black or Black British Other

☐

Mixed White & Asian

☐

Mixed Other

☐

Other (please specify)

**Please supply any other information you would like to give to the trust in support of you application**

You may be visited by a member of the Trust Committee before your request is discussed by the GPM Charitable Trust.

The GPM Charitable Trust observes the eight data protection principles laid down by the Information Commissioner. In particular we will not disclose any information relating to you or your personal circumstances except with your permission. Completing and returning this form will be taken as your authority to correspond with other people or organisations you have identified, to see if you are eligible for a grant or to see if we can assist you in conjunction with another charity with objects similar to ours.

The information may include “sensitive data” under the Data Protection Act 1998.

***Please sign below to indicate your consent to us using this data in this way.***

If it is proved that any grant received by you was paid through misrepresentation or non-disclosure of financial circumstances at the time that the application was made, or during the time when the grant was in issue, the Trust may take the necessary steps to recover from the beneficiary or his estate any grant improperly paid or obtained or the value **thereof**.

*I have read the above and declare all my information to be true.*

Name of Applicant

Signature of Applicant  
*(if printing and posting form)*

Date