

GPM Charitable Trust – Application Form

Secretary: **Mr K Keys, c/o 43 Spriggs Close, Clapham, Bedford MK41 6GD**
Telephone: **07733 262991**
Email: **gpmcharitabletrust82@gmail.com**
Website: **www.gpmtrust.org**

The GPM Charitable Trust is an independent charity which exists to give support to workers and their families in the Printing, Graphical, Papermaking and Media industries. Former workers in these industries can also apply for help and support.

The object of the charity is to provide financial assistance to those who may need it in a variety of situations.

Applications can be made by those who find themselves in need through sickness or disablement or who require convalescence.

Assistance can also be offered to support applicants through retraining, skill enhancement, educational requirements especially following redundancy or other reduction in income.

The Trust is unable to assist with regular grants or debt relief.

The Trustees meet at regular intervals and can award grants to applicants to help pay for goods, services or facilities.

Over the last couple of years the Trust has helped individuals in many different ways to improve their quality of life.

It has:

- **Helped purchase mobility aids**
- **Helped to finance home improvements to enable applicants to remain in their own homes**
- **Helped towards the cost of a respite or convalescent break.**

Please find attached an application form to be completed and returned to the Trust.

PLEASE PRINT AND COMPLETE IN BLACK INK

IT IS IMPORTANT THAT ALL SECTIONS OF THE FORM ARE COMPLETED.

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL.

Name	Date of birth:
	National Insurance No:
Email address (if applying by post this will speed up the processing of your application)	
Private Address:	Telephone Number:
Postcode:	Mobile:

Employment Status

Working ☐ Non-working ☐ Retired ☐

If working please give details of your employment
Name and address of employer
Number of hours per week?
Annual salary?

Please give brief history of your employment in the Print or Related Industry?

Company	Position	From (date)	To (date)

<p>Are you or have you been a member of a Trade Union or Professional Membership Organisation within the last 5 years?</p> <p>If yes please give details</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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<p>Dependent relatives Are there any relatives, other than your partner or children, dependent upon you for support?</p>					
<p>If yes, please give the following information.</p>					<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Name	Age	Relationship	Reason for dependency	Income if any	Living at your address
				£	Yes <input type="checkbox"/> No <input type="checkbox"/>
				£	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicants should apply for any benefits that they may be entitled to; can you confirm if you are you in receipt of any of the following benefits? If yes, please tick the appropriate box to indicate the type of benefit and give details of amount below

Benefit			Amount per week/month
Universal Credit (UC)	In Receipt <input type="checkbox"/>	Applied/Waiting to hear <input type="checkbox"/>	£
Jobseeker's Allowance	In Receipt <input type="checkbox"/>	Applied/Waiting to hear <input type="checkbox"/>	£
State Pension	In Receipt <input type="checkbox"/>	Applied/Waiting to hear <input type="checkbox"/>	£
Employment and Support Allowance (ESA)	In Receipt <input type="checkbox"/>	Applied/Waiting to hear <input type="checkbox"/>	£
Income Support	In Receipt <input type="checkbox"/>	Applied/Waiting to hear <input type="checkbox"/>	£
Working Tax Credit	In Receipt <input type="checkbox"/>	Applied/Waiting to hear <input type="checkbox"/>	£
Personal Independence Payment	In Receipt <input type="checkbox"/>	Applied/Waiting to hear <input type="checkbox"/>	£
Industrial Injuries Benefit	In Receipt <input type="checkbox"/>	Applied/Waiting to hear <input type="checkbox"/>	£
Family Tax Credits	In Receipt <input type="checkbox"/>	Applied/Waiting to hear <input type="checkbox"/>	£
Child Tax Credit	In Receipt <input type="checkbox"/>	Applied/Waiting to hear <input type="checkbox"/>	£
Carer's Allowance	In Receipt <input type="checkbox"/>	Applied/Waiting to hear <input type="checkbox"/>	£
Occupational Pension (s)	In Receipt <input type="checkbox"/>	Applied/Waiting to hear <input type="checkbox"/>	£
Pension Credit	In Receipt <input type="checkbox"/>	Applied/Waiting to hear <input type="checkbox"/>	£
Statutory Sick Pay	In Receipt <input type="checkbox"/>	Applied/Waiting to hear <input type="checkbox"/>	£
Statutory Maternity Pay/ Maternity Allowance	In Receipt <input type="checkbox"/>	Applied/Waiting to hear <input type="checkbox"/>	£
Housing Benefit	In Receipt <input type="checkbox"/>	Applied/Waiting to hear <input type="checkbox"/>	£
Council Tax Credit	In Receipt <input type="checkbox"/>	Applied/Waiting to hear <input type="checkbox"/>	£

Any benefits not listed above, please give details below:

Is your home? Owner Occupied ☐ Rented ☐

STATEMENT OF INCOME & EXPENDITURE

This statement must show income and expenditure on a **monthly** basis.

Income	Monthly	Expenditure	Monthly
Your Salary	£	Rent/Mortgage (if in receipt of Housing Benefit please mark as 0)	£
Spouse's / Partner's salary	£	Council Tax (if in receipt of Council Tax Benefit please mark as 0)	£
Other Income	£	Water/Sewerage Rates	£
Total of State Benefits	£	Utility Bills (fuel)	£
Other Allowances (specify)	£	House/Contents Insurance	£
Sickness/Accident Benefit	£	Telephone/TV	£
Income from:		Insurances	£
- Investments	£	Car Tax and Insurance	£
- Savings accounts	£	Childcare	£
- Other (specify)	£	Housekeeping (food etc.)	£
		Prescriptions	£
		Travel	£
Any other income not on the list above	£	Other (specify)	£
			£
			£
			£
Total	£	Total	£

Savings

Please give details of all accounts held in either your name, your spouse/partner or jointly.

	Balance
Bank	£
Post Office	£
Building Society	£
Investment including property other than your own home	£
Other	

Statement of Debts

Please give full particulars of any debts outstanding, e.g. loans, arrears of bills (gas, electricity) etc.
Only include credit cards if balance not cleared monthly. Please enter any regular payments on Expenditure.

	Balance
Credit Cards	£
Bank Loans	£
Mortgage/Rent Arrears	£
Hire purchase	£
Other	£

Have you <u>previously</u> applied to the GPM Charitable Trust for assistance?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Note: We will check our records. If yes, please give details:		
Date	Reason for Application	Amount Awarded

Have you applied to other benevolent fund, charity, etc. within the last year?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Note: We will check with other organisations. If yes, please give details:			
Date	Name of Organisation	Reason for Application	Amount Awarded

Reason for application (continue on a separate sheet if necessary): Please ensure that you provide copies of documents to support your case, e.g. invoices, bills, medical letters etc.
Amount and purpose of grant requested:
How much have you raised so far? (Please include any assistance from family and other organisations)
In the event of funds being awarded, please provide details of who the cheque should be made payable to:

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?			
British <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>
Irish <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>
Other White <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Black <input type="checkbox"/>	White & Asian <input type="checkbox"/>
	Other Asian <input type="checkbox"/>		Other Mixed <input type="checkbox"/>
	Chinese <input type="checkbox"/>		
	Other <input type="checkbox"/>		
Do you regard yourself as disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>			

How did you hear about the GPM Charitable Trust?		
Trust Website <input type="checkbox"/>	At the Workplace <input type="checkbox"/>	Union Representative <input type="checkbox"/>
Other please specify		

Declaration by Applicant

Data protection and declaration of accuracy

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.

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.

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

Name of Applicant	<input type="text"/>
Signature of Applicant	<input type="text"/>
Date	<input type="text"/>

Please return the completed form to:

**GPM Charitable Trust
Mr K Keys (Secretary)
C/O 43 Spriggs Cose
Clapham Bedford
MK41 6G**

Please use this page to provide us with any additional information that is relevant to your claim: