

GPM Charitable Trust Application Form

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 IN ACCORDANCE WITH OUR PRIVACY POLICY AND DATA PROTECTION POLICY.

Please return your completed application form to:

Secretary : Mr K Keys
C/O 43 Spriggs Close
Clapham
Bedford MK41 6GD
Tel: 07733 262991
gpmcharitabletrust82@gmail.com
www.gpmtrust.org

GPM CHARITABLE TRUST APPLICATION FORM

Name:		Date of Birth:			
		National Insurance No: (For money laundering checks)			
Email address:					
Home Address:					
Telephone Number:				Mobile:	
Employment Status:		Please Tick ✓:			
Working		Non-Working		Retired	
If working please give details of your employment					
Name and address of employer					
Number of hours worked per week:					
Annual salary:					
Please give brief history of your employment in the Print or Related Industry					
Company	Position	From (Date)	To: (Date)		
/					
Dependents, is anyone dependent on you for support? Please tick.		Yes		No	
If yes please give the following information:					
Relationship	Age	Reason for dependency	Income if any	Living at your Address? Yes/No	

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Benefit	✓		✓		Amount per week/month
Universal Credit (UC)		In Receipt		Applied/Awaiting to hear	£
Jobseeker's Allowance		In Receipt		Applied/Awaiting to hear	£
State Pension		In Receipt		Applied/Awaiting to hear	£
Employment and Support Allowance (ESA)		In Receipt		Applied/Awaiting to hear	£
Income Support		In Receipt		Applied/Awaiting to hear	£
Working Tax Credit		In Receipt		Applied/Awaiting to hear	£
Personal Independence Payment		In Receipt		Applied/Awaiting to hear	£
Industrial Injuries Benefit		In Receipt		Applied/Awaiting to hear	£
Family Tax Credits		In Receipt		Applied/Awaiting to hear	£
Child Tax Credit		In Receipt		Applied/Awaiting to hear	£
Carer's Allowance		In Receipt		Applied/Awaiting to hear	£
Occupational Pension (s)		In Receipt		Applied/Awaiting to hear	£
Pension Credit		In Receipt		Applied/Awaiting to hear	£
Statutory Sick Pay		In Receipt		Applied/Awaiting to hear	£
Statutory Maternity Pay/Maternity Allowance		In Receipt		Applied/Awaiting to hear	£
Housing Benefit		In Receipt		Applied/Awaiting to hear	£
Council Tax Credit		In Receipt		Applied/Awaiting to hear	£
Any benefits not listed above, please give details below:					
Is your home? ✓	Owner Occupied			Rented	

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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	£

Please do not send copies of bank statements or give bank account details.

Savings

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

Please do not send copies of bank statements or give bank account details.

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

Statement of Debts

Please give full details 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.

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

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Have you previously applied to the GPM Charitable Trust for assistance? ✓ Note: We will check our records. If yes, please give details:			Yes		No	
Date	Reason for Application		Amount Awarded			
Have you applied to other benevolent fund, charity, etc. within the last year? ✓ Note: We will check with other organisations. If yes, please give details:			Yes		No	
Date	Name of Organisation	Reason for Application	Amount Awarded			
Reason for application (Continue on a separate sheet if necessary.) Please do not include medical letters, we will ask for further information and proof if we require it.						
Amount & 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 who the cheque should be made payable to:						
How did you hear about the GPM Charitable Trust? Please tick✓						
Trust Website		At the Workplace		Union Representative		
Other: Please specify:						

GPM CHARITABLE TRUST APPLICATION FORM

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

Declaration

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 will process your data in accordance with the General Data Protection Regulation (2016). Our privacy policy details why we process your data, how we process it, how we protect it, who else sees it and how long we keep it for. We appreciate that some of the health information you provide may be regarded as sensitive. We do need this information to process your application.

We will treat it with the upmost respect and will take every measure possible to ensure its safety. Please see our privacy policy for full details.

<http://gpmtrust.org/privacy.html>

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 objectives similar to ours.

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	
Signature of Applicant	
Date	

Please return this completed form to:

GPM Charitable Trust. C/O Mr K Keys (Secretary)
C/O 43 Spriggs Close, Clapham Bedford. MK41 6GD