

(For office use only) Date received:

Date Entered:

# James Bond Henry Welch Trust

## Application Form

Thank you for your interest in making an application to the James Bond Henry Welch Trust.

Alongside this form we have included a guidance document which provides you with information about the Trust, who can benefit from a grant, and the information that we need you to provide when you apply.

We have also included a privacy notice which explains how we collect, store, process and share your information, and your rights over the data we hold.

If you have any questions about how to complete this form, please telephone us on 01524 555900.

You should complete all the required questions. You do not need to complete the optional questions but they may help us to make a quicker decision or communicate with you more effectively. If you need more space to write your answers, continue on the back of each page.

Once you have completed this form, please post it to:

James Bond Henry Welch Applications  
Lancaster District CVS  
The Cornerstone  
Sulyard Street  
Lancaster  
LA1 1PX

If you prefer to hand deliver your application, there is a secure postbox in the entrance lobby of The Cornerstone.

### 1. Are you applying for a grant on your own behalf, or for somebody else? (required)

I'm the person who will benefit from the grant **(complete the questions on pages 2 to 5)**

I'm applying on behalf of somebody else **(complete the questions on pages 6 to 11)**

I'm the person who will benefit from the grant

**2. Provide your full name (required)**

**3. Provide your address (required)**

**4. Provide your phone number (optional)**

**5. Provide your email address (optional)**

**6. Tell us about your chest or lung condition. What is it, and how does it affect your life? (required)**

*You don't need to go into lots of detail, particularly if you find writing about this to be uncomfortable or distressing. A short explanation should usually be fine.*

**7. What equipment or service would you like to purchase with a grant, and how much will it cost? (required)**

*Just a short explanation is needed. You can provide a quote or other information with this form.*

**8. How will having this equipment or service make a difference to your health or daily life?  
(required)**

*You don't have to write a lot, but it would be good to know how your condition could be managed, how your health might improve, or how you could start or resume other activities.*

**9. Is there anything else you'd like to tell us that hasn't been covered by our questions?  
(optional)**

**10. Bank details (required)**

*If this application is successful, we will need to know where to pay the grant.*

*We can only make payment to an account in the name of the person who will benefit from a grant (or a parent or guardian in the case of applications made on behalf of children).*

a. Name on bank account (required)

*For example: Mr J M Brown. This is usually the name on your cheque book or debit card, or is quoted on your bank statement*

b. Sort code (required)

*It's helpful to us if you can quote this as three pairs of two digits with hyphens or dashes between them e.g. 12-34-56*

c. Account number (required)

d. Building society roll number (optional)

*Some building society accounts also have a roll number which we will need to quote as the reference to any payment to make sure it reaches your account.*

## **11. Documents (required)**

*We need some documents that provide evidence for the things you've told us. You should include them with this application form.*

*You don't need to send original documents - photocopies will be fine if you prefer.*

*Trustees can't consider your application until we've received all the relevant documents.*

- A utility bill, council tax bill, or other official letter for proof of address
- A letter or other document from medical professional confirming the chest or lung condition  
*The age of the document is not important, and it doesn't need to have been written specifically for your application.*
- A quote showing the cost of the equipment or service required  
*This could be a formal written quote, a letter, or a print-out of a web page where the equipment or service is on sale.*
- Evidence that you would struggle to pay for the equipment or service yourself  
*You can choose the form of evidence that you feel most comfortable providing. It could be a document proving entitlement to a state benefit, a bank statement, or something else.*

*Alternatively, you can write a statement about your circumstances below.*

I confirm that I wish to make an application to the James Bond / Henry Welch Trust. To my knowledge all of the information provided is accurate and truthful. I have read the Privacy Notice provided with this application form.

**Signature:**

**Date:**

Please place your application form and documents into a single envelope and post it to:

James Bond Henry Welch Applications  
Lancaster District CVS  
The Cornerstone  
Sulyard Street  
Lancaster  
LA1 1PX

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You may discard pages 6 to 10 of this form before sending it to us.

## I'm applying on behalf of somebody else

### 12. First, we need your contact details

a. Provide your full name (required)

b. Provide your telephone number (required)

c. Provide your email address (required)

d. What is your relationship to the person who will benefit from the grant?

*For example, you might be supporting them in a professional capacity as a medical professional, a social worker or a community centre worker, or you might be a friend or family member.*

e. Do you have power of attorney? If not, have you received consent to share their information with us?

*You must obtain consent or confirm that you have power of attorney before continuing to complete this form. For further information, please see our Privacy Notice included with this application form. Even if you do have power of attorney, we recommend you discuss this application with the person who will benefit.*

Yes, I have both financial and medical power of attorney

Yes, I have financial power of attorney

Yes, I have medical power of attorney

I don't have any power of attorney, but I have received consent

I have neither power of attorney nor consent

The rest of the questions relate to the person who will benefit from the grant.

**13. Provide their full name (required)**

**14. Provide their address (required)**

**14. Provide their phone number (optional)**

**16. Provide their email address (optional)**

**17. Tell us about their chest or lung condition. What is it, and how does it affect their life? (required)**

**18. What equipment or service would they like to purchase with a grant, and how much will it cost? (required)**

*Just a short explanation is needed. You can provide a quote or other information with this form.*

**19. How will having this equipment or service make a difference to their health or daily life?  
(required)**

*You don't have to write a lot, but it would be good to know how their condition could be managed, how their health might improve, or how they could start or resume other activities.*

**20. Is there anything else you'd like to tell us that hasn't been covered by our questions?  
(optional)**

**21. Bank details (required)**

*If this application is successful, we will need to know where to pay the grant.*

*We can only make payment to an account in the name of the person who will benefit from a grant (or a parent or guardian in the case of applications made on behalf of children).*

**a. Name on bank account (required)**

*For example: Mr J M Brown. This is usually the name on their cheque book or debit card, or is quoted on their bank statement*

**b. Sort code (required)**

*It's helpful to us if you can quote this as three pairs of two digits with hyphens or dashes between them e.g. 12-34-56*

c. Account number (required)

d. Building society roll number (optional)

*Some building society accounts also have a roll number which we will need to quote as the reference to any payment to make sure it reaches their account.*

## **22. Documents (required)**

*We need some documents that provide evidence for the things you've told us. You should include them with this application form.*

*You don't need to send original documents - photocopies will be fine if you prefer.*

*Trustees can't consider your application until we've received all the relevant documents.*

- A utility bill, council tax bill, or other official letter for proof of address
- A letter or other document from medical professional confirming the chest or lung condition  
*The age of the document is not important, and it doesn't need to have been written specifically for your application.*
- A quote showing the cost of the equipment or service required  
*This could be a formal written quote, a letter, or a print-out of a web page where the equipment or service is on sale.*
- Evidence that the person benefitting from the grant would struggle to pay for the equipment or service yourself  
*You can choose the form of evidence that they feel most comfortable providing. It could be a document proving entitlement to a state benefit, a bank statement, or something else.*

*Alternatively, you can write a statement about their circumstances below.*

I confirm that I wish to make an application to the James Bond / Henry Welch Trust on behalf of the person named in question 13. To my knowledge all of the information provided is accurate and truthful. I have read the Privacy Notice provided with this application form.

**Signature of the person completing this form:**

**Date:**

Please place your application form and documents into a single envelope and post it to:

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