



Office use Only - Ref No:

EVIE'S GIFT APPLICATION FORM

PERSONAL INFORMATION

Name:		Industry you work in:	
Date of Birth:		Marital Status:	
Current Address:			
Tel No:		Mobile No:	

DETAILS OF CHILD ADMITTED TO HOSPITAL

Name of hospital:	
Child's condition:	(Must be seriously ill)
Expected length of stay:	
Distance from home approx:	

I am claiming means tested welfare benefits such as JSA, IS: Y N

Conditions of Application. Evie's Gift can make grants to support parents of children admitted to hospital for longer than 48 hours and have a **life threatening or life limiting condition**. This condition must be verified by a health professional and marked as such here:
 Signed: Name:
 Ward/Department: Role:

1. I am applying for the following grants (please indicate which):
 - a. **Overnight accommodation to a max of £250 local to the hospital - No of adults No of Children No of nights**
 - b. **Food allowance. (up to £50.00)**
 - c. **Travel allowance (up to £100.00 refundable against receipts).**
2. I declare that the information that I have provided is, to the best of my knowledge, correct.
3. I understand that the information that I have provided will be used to process this application for assistance.

DECLARATION AND DATA PROTECTION STATEMENT

Evie's Gift will protect your personal data and never pass it to anyone else without your consent. You have the right to withdraw your consent to hold your data at any time. You have the right to 'be forgotten' and have all information on you securely destroyed. In order for us to process your application, we need your permission to hold and process your personal data. Our privacy policy can be viewed at www.eviesgift.org.uk. Please tick the boxes below to indicate your consent:

I authorise Evie's Gift to hold and process my data as part of the assessment process for providing me with help.	<input type="checkbox"/>
I acknowledge that Evie's Gift will hold my details for up to 7 years to meet their HMRC obligations.	<input type="checkbox"/>
I authorise Evie's Gift to hold my bank details so that they may make payments to me by BACS.	<input type="checkbox"/>
I agree to receive periodic updates from Evie's Gift on their services and events that may affect or interest me.	<input type="checkbox"/>

Signed Applicant:	Date:
Bank Details for BACS Payment: Sort Code:	
Account No:	
<p>Once complete e-mail this form to info@eviesgift.org.uk, or chairman@eviesgift.org.uk. You can also photograph it and text it to 07939 541289</p>	
<p>Evie's Gift is a charity registered in England and Wales Reg No. 1177460</p>	