

APPRENTICESHIP APPLICATION FORM

Date of Application:	How did you hear about the Rainy Day Trust?
-----------------------------	--

DETAILS OF THE GRANT for which this application applies

Please describe the items or assistance that you are requesting. This should include costs of specific items, e.g., tools, training or equipment costs.

PERSONAL INFORMATION

Full Name:			
Date of Birth:		Marital Status:	
Current Address:			
Tel No:		Mobile No:	

HOUSING

Do you currently live (<i>please tick box</i>)	On my own	With Parents	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please complete if you rent your home (please tick the relevant box)	Privately owned		
	Council Owned		
	Housing Association		

APPRENTICESHIP DETAILS

Please indicate which company you are serving your apprenticeship with, and indicate if you class this as DIY, Builders' Merchant, Housewares, Hardware, Timber, Garden Centres, housewares, pottery and glass, kitchen products or Other:

Name & Address of Employer:			
Type of business and products manufactured/distributed/sold:			
Position Held:			
Date Apprenticeship started or due to start:	From:		To:

PAST EMPLOYMENT (if you have worked elsewhere in case we can identify additional help from other sources)

Name & Address of Past Employer:			
Type of business and products manufactured/distributed/sold:			
Position Held:			
Date of employment:	From:		To:

PROOF OF EMPLOYMENT

Proof of employment is required before your application can be processed.

INCOME

INCOME PER WEEK/MONTH <i>(please indicate)</i>	APPLICANT	PARTNER <i>(if applicable)</i>	OFFICE USE ONLY
Net Earnings (salary)			
Working Tax Credit			
Employment and Support Allowance			
Any Charitable Income			
Child Benefit			
Child Tax Credit			
TOTAL			

Other Income (e.g., family contribution, investment, bank/building society interest)	APPLICANT	PARTNER <i>(if applicable)</i>	OFFICE USE ONLY
PLEASE SPECIFY:			
TOTAL INCOME			

I confirm that I also receive:

Housing Benefit	Full		Part	
Council Tax Benefit	Full		Part	

SAVINGS

SAVINGS	APPLICANT	PARTNER <i>(if applicable)</i>	JOINT <i>(if applicable)</i>
Bank Account Balance			
Building Society Account Balance			
Other Savings/investments			
TOTAL			

EXPENDITURE			
ROUTINE EXPENDITURE PER WEEK/MONTH <i>(please indicate)</i>	APPLICANT	PARTNER <i>(if applicable)</i>	OFFICE USE ONLY
Mortgage			
Rent - amount paid by applicant			
Board & lodging			
Council Tax - amount paid by applicant			
Water Rates			
Electricity/Gas			
Telephone			
TV (inc licence)/satellite/cable/broadband			
Insurance (buildings/contents/life/etc)			
Housekeeping (inc food, newspapers, laundry, cleaning materials, pocket money, etc)			
Car expenses (inc insurance, tax, petrol, maintenance, MOT)			
Travel costs (taxis, public transport, etc)			
Debt repayments (total amount as detailed below)			
Home maintenance (if home owner)			
Other expenses <u>PLEASE SPECIFY:</u>			
TOTAL EXPENDITURE			

DEBTS	Indicate the total amount of outstanding debts, e.g., mortgage, bank loan, overdraft, credit cards, hire purchase, or any overdue bills that do not relate to the current period. Please enclose financial statement/s to verify current level of debt. We might be able to help with these.		
ITEM	TO WHOM OWED	AMOUNT OUTSTANDING	AMOUNT PAID OFF PER MONTH
Total paid off each month (should match 'Debt Repayments' above)			£

The last month's statement for all bank, building society or Post Office accounts held by yourself and, if applicable, your partner must be provided for your application to be processed.

OFFICE USE ONLY - DO NOT COMPLETE	APPLICANT	PARTNER (if applicable)	OFFICE USE ONLY
Income (1)			
Less Expenditure (2)			
Balance			

DECLARATION AND DATA PROTECTION

We know that privacy is important to you and promise to respect your personal information. We will only request information that we need to process your application for assistance. We will only contact you with information regarding assistance that may help you and will never pass your data to another organisation without your permission.

All personal data will be saved securely either electronically or filed in paper form. We will use up-to-date security systems to prevent access to your data. Out of date information will be securely destroyed.

You have the right to request to see any and all information held on you at any time by submitting a Subject Access Request in writing.

I authorise the Rainy Day Trust to hold and process my data as part of the application and assessment decision for the award of a grant or providing me with other support services.

I authorise the Rainy Day Trust to pass my personal data to Connect Assist, their authorised caseworking partner in order to assess my application only.

I agree to receive periodic updates from the Trust which may include information on the Trust and other services that may help me.

I agree to the Rainy Day Trust holding my bank details so that they make payments direct to my bank account where applicable.

I acknowledge that the Rainy Day Trust will hold records of my awards and grants for up to 7 years to meet their obligations to Her Majesty's Revenue and Customs.

I acknowledge that the Rainy Day Trust will never pass my personal details to another organization or person without my express permission.

1. I declare that the information provided on this form is correct to the best of my knowledge.
2. I acknowledge that I can exercise my Right to be Forgotten or withdraw my consent to hold my data at any time.
3. I confirm that I have read and understood the Trust's Data Protection Statements above, am aware that I can request a copy of the Privacy Policy and have authorised the processing of my personal data in accordance with **those boxes ticked**

Signed Applicant:

Date:

APPLICATION CHECKLIST

Employment:

To ensure the charity assist those on qualifying training courses, please provide a copy of any letter or documentation that you have from your apprenticeship provider.

Income:

If you have savings please provide copies of the latest statement that you have.

If you send us any original documents we will photocopy them for our records and return the originals to you.

Please return to:

Rainy Day Trust
 C/o Connect Assist
 9 Cefn Coed Parc
 Nantgarw
 Cardiff
 South Glamorgan
 CF15 7QQ

Tel: 0203 192 0486