

Wellfield Trust
Application form for loan of scooter

PAGES 1, 2 AND 3 TO BE COMPLETED BY THE APPLICANTS (IN BLOCK CAPITALS PLEASE)

Full name		Date of Birth	
Previous name, if applicable		Marital Status	
Address		Height	
How long resident at this address		How long resident in Hatfield	
Previous addresses over the last 5 years			
If there is more than one adult in the household, please give details:			
Full name		Full name	
Date of birth		Date of birth	
Relationship to applicant		Relationship to applicant	
Are there any dependent children in the household? If yes, please give details:			
Full name		Full name	
Date of birth		Date of birth	
Next of kin or closest contact (for emergencies only). Please give details and ensure that the person identified is aware that we are holding this information			
Name		Relationship to applicant	
Address		Telephone number(s)	
Have you or your partner served in HM Armed Forces?	YES / NO	If YES, please give details	
Usual occupation before retirement/ disability		Previous jobs in the last 5 years	

WEEKLY HOUSEHOLD INCOME (all occupants of household)

Employment (Nett Pay)	£	Name of person working	
JSA/Income Support	£	Deductions, i.e social fund loan/arrears.	£
Tax Credit	£	Please specify reason here	
Child Benefit	£		
Child Maintenance	£	If not in receipt, please give reason	
Retirement/Widows Pension	£		
Occupational Pension	£		
Disability Living Allowance or Attendance	£	Please specify whether Care or Mobility rate	
Incapacity Benefit	£		
Regular help	£	Are you receiving any regular financial help from relatives, friends or another source, e.g. housekeeping	
Any other benefits	£	Please specify	

WEEKLY HOUSEHOLD EXPENDITURE (all occupants of household)

Rent/Repayments	£	State NIL if covered by Housing Benefit	
Council Tax	£	State NIL if covered by Housing Benefit	
Gas/Electricity	£		
Water	£		
Household expenditure	£	Average amount for a week	
Home Help	£		
Travel	£	Essential public transport expenses.	
Debts	£	Please list totals/names of outstanding debts	
Other essential total expenditure e.g. House/Contents Insurance, etc.	£	Description	£
		Description	£
		Description	£

Application and Signature

Have you any savings?	£	Please specify amount	
Name of Optician/Eye Specialist		Address	

We will be contacting your Optician by way of an **eye test form which we require to be completed by him/her**. This is purely to ensure that your vision is such that you will be safe to take a vehicle on the road or footpath without danger to yourself or others. If you are over 60 and have not had a test for more than a year, it may be advisable for you to do so. We may request that you take another test if you have not had one for some time

PLEASE READ THE FOLLOWING NOTES CAREFULLY AND SIGN THE DECLARATION BELOW:-

IMPORTANT This form should be completed and returned **together with a letter from your Doctor** stating that, in his/her opinion you would be capable of using a scooter and would benefit from the use of one (any cost incurred by this will be met by the Wellfield Trust).

The loan of a Wellfield Trust scooter is considered for those who would be virtually housebound without the use of one. If you own a car we, unfortunately, cannot consider your application.

An initial assessment will be carried out by the Trust.

The Trustees are bound to comply with the terms of a scheme approved by the Charity Commission in 1990. The scheme provides that grants may be made for the relief of poverty in Hatfield.

The Trustees are not obliged to give a reason should an application be declined.

You may be required to carry out certain works as a condition of the loan i.e. the provision of a scooter shed, base or ramp etc. dependent on storage facilities. This is entirely the responsibility of the applicant but the Trust will advise where possible.

The Trust reserves the right to visit successful applicants to ensure the scooter is being used for the purpose intended.

In accordance with GDPR Regulations, the Wellfield Trust states that all the information contained within this application form remains strictly confidential and for the knowledge of the applicant, sponsor and Wellfield Trust only.

I declare that I have read and understood the above and that the information I have provided is correct to the best of my knowledge and agree that the details provided will be used for the purpose stated above.

By signing this application form you give your permission for your contact details to be shared with the Trust's suppliers.

Applicant's Signature (and Consent)		Date	
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Details in support of this application

This page to be completed by the Sponsor in Block Capitals, please.

Name of Sponsor		Organisation	
Address			
Phone number(s)			
Have applicants been visited in their own home?	YES / NO		

Please provide details as to the family's personal circumstances, which should include state of health, living conditions, any special needs and any information which would support their case for the loan of a scooter from the Trust. Continue on a separate sheet if necessary.

If you are satisfied that the application form has been completed to the best of your knowledge please return it (with requested documents) to :-

Wellfield Trust, Birchwood Centre, Longmead, Hatfield, Herts, AL10 0AN
Tel/Fax. 01707 251018

Office Hours: Monday to Friday 9 am to 2 pm