

PRIVATE AND CONFIDENTIAL
PLEASE COMPLETE IN BLOCK LETTERS

Help for Hobbies Grant Application Form

All applicants must satisfy the following criteria:

- live in the UK
- work or have worked directly in sales/circulation/distribution of newspapers and magazines for a minimum of 2 years, full time
- live at the same address as the dependent child/children for which funding is being applied for
- be in receipt of Child Benefit for the relevant child/children
- have less than £6000 in household savings
- be in receipt of at least one of the following benefits
 - ✓ Universal Credit
 - ✓ Child Tax Credit
 - ✓ Working Tax Credit
 - ✓ Employment & Support Allowance
 - ✓ Income-based Jobseeker's Allowance
 - ✓ Income Related Employment Support Allowance
 - ✓ Income Support
 - ✓ Housing Benefit
 - ✓ Pension Credit

PLEASE ENSURE THAT YOU COMPLETE ALL SECTIONS OF THIS FORM

1. Personal Details

Title: (Mr/Mrs/Ms/Miss/Other) _____

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____

Address: _____

Email Address: _____

Tel No: Mobile: _____ Landline: _____

Please note, by submitting this form, you are consenting to us making contact with you by email, phone and post.

Marital Status:

Single Separated Divorced Widowed Married Partner Civil Partnership

Spouse/Partner First Name: _____ Last Name: _____

Spouse/Partner Date of Birth: _____ Are they resident at the above address: Yes No

If you are cohabiting with a partner/spouse you will be assessed as a couple. To confirm that your partner/spouse is aware of this application and is willing to disclose full personal and financial details, please tick this box:

Please note that without this consent we will not be able to process your joint application.

2. Grant Purpose

Please note that there is a limit of one award per child per year, up to a maximum of £250 per child. This initiative is intended to **help** families to fund recreational activities for dependent children, not meet the full cost.

Below are examples of what we can potentially help you fund:

- Annual subscription/membership fees for sports and leisure clubs
- Sports competition entry fees
- Equipment and clothing needed for recreational activities eg sports footwear, kits, dance costumes, etc
- Membership fees for Beavers, Cubs, Girls Guides, Scouts, Sea Cadets etc
- Sports or Music Lessons
- Summer Camps or Holiday Clubs
- School Trips
- Equipment that enhances physical fitness such as bikes/trikes/trampolines

Please note, we are unable to provide funding for gaming activities, including the purchase of consoles, discs or downloads.

If you wish to apply for funding for an activity or product not listed above please give further details:

Please give details of each child and the activity you would like assistance with:

Name: _____ Age: _____

Details of activity: _____

Name: _____ Age: _____

Details of activity: _____

Please give details of each child and the activity you would like assistance with:

Name: _____ Age: _____

Details of activity: _____

Name: _____ Age: _____

Details of activity: _____

Please provide evidence of activity/cost where possible. Failure to provide proof of payment when required, may affect future applications for funding.

3. Newstrade Connection

What sector of the newstrade have you or your spouse/partner worked in?

Please select more than one option if applicable.

Publishing Wholesale Retail Other (please give details) _____

Please complete this section if you or your spouse/partner were/are employed in one of the above sectors.

Name & Address of Employer: _____

Job Description: _____

Employed from: _____ to _____ Did you work: Full Time Part Time

Please complete this section if you or your spouse/partner were/are a self-employed Newsagent or Street Seller:

Name & Address of Business Premises/News Stand: _____

Wholesale Supplier's Name & Address: _____

Customer No: _____

Do we have your consent to confirm this account with your wholesaler? Yes No

Trading commenced from: _____ to _____

Why did you cease trading? _____

4. Accommodation Details

Accommodation Type: (Please select)

Please tick what applies: House Flat Bungalow

Is your home: Detached Semi Detached Terraced

Owner status: (Please select)

Own Home Rented Local Authority/Housing Association Rented Private Sheltered

Living with family or a friend

Is anyone else resident at this address? Please list details below and include all dependent children:

Name:	Relationship to Applicant:	Date of Birth:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

5. Health

Please give details of any illnesses, injuries or disabilities that affect any of the dependent children listed above.

6. Financial Details

You or your spouse/partner must be in receipt of one of the following benefits to qualify for a grant. Please select what currently applies to your household.

- | | |
|--|--|
| <input type="checkbox"/> Universal Credit | <input type="checkbox"/> Income Related Employment Support Allowance |
| <input type="checkbox"/> Child Tax Credit | <input type="checkbox"/> Income Support |
| <input type="checkbox"/> Working Tax Credit | <input type="checkbox"/> Housing Benefit |
| <input type="checkbox"/> Employment & Support Allowance | <input type="checkbox"/> Pension Credit |
| <input type="checkbox"/> Income Based Jobseekers Allowance | |

Important: Please submit confirmation of state benefits awarded, eg a recent payment letter, an online statement, or a recent bank statement showing evidence of payment.

Savings & Capital

Households with a total of more than £6,000 held jointly in savings and current accounts will not qualify for funding. If you are a couple and run separate accounts, we need to assess the balance of each individual account. Please provide details of all bank accounts below:

Account Name: _____

Bank name & Account No: _____

Balance: _____

Account Name: _____

Bank name & Account No: _____

Balance: _____

Account Name: _____

Bank name & Account No: _____

Balance: _____

7. Payment Details

If your Help for Hobbies application is successful, payment will be made via bank transfer. Please provide your bank details below.

Name of Bank/Building Society:

Sort Code (6 Digits):

Branch:

Account Number (8 Digits):

Payee Name:

Roll Number (Building Societies Only):

NB. Bank details are kept solely for the purpose of processing payments.

8. Other Welfare Services

NewstrAid can provide a wide range of financial help, emotional support and practical advice. Please tick the relevant box if you would like to receive information on any of the following welfare services:

Wellbeing Suite – Online resources and a free helpline to support emotional wellbeing

Debt & Budgeting Advice

State Benefits Advice

Other Advice and Signposting

Would you like to receive our bi-monthly e-newsletter via email?

Yes No

(If yes, please ensure you have included your email address on p1)

9. Ethnicity

To inform and improve our service it would help us to know your ethnic group. We will keep this information confidential and it will not be used to determine the outcome of your application. You may choose not to answer this question.

Choose **ONE** section from **A** to **D** and fill in the appropriate box that best describes your ethnic group or background.

A. White/Mixed/Multiple ethnic groups

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background (please describe below)
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/Multiple ethnic background (please describe below):
-

B. Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background (please describe below):
-

C. Black/ African/Caribbean/Black British

- African
- Caribbean
- Any other Black/African/Caribbean background (please describe below):
-

D. Other ethnic group

- Arab
- Any other ethnic group (please describe below):
-

10. Declarations

I agree that all the information provided in the application form is true and correct and full disclosure of all household savings has been made. I will inform NewstrAid of any change in circumstances that I may have during the application process. I agree to the information on this form and any attachments being held in the Charity's database for the sole use of the Charity's records to process this and any future applications. I confirm that everyone whose details are included on this form have read, understood and agreed to the above declarations.

NewstrAid is committed to ensuring that we handle all data which we hold about you, in a safe and responsible manner and in compliance with the Data Protection Act 2018. Your details will be shared only with the Welfare Committee, and when necessary your former or current newstrade employer for the purpose of confirming employment records. Our full Privacy Policy can be found on our website www.newstraid.org.uk. Please refer to this policy for further details.

I agree Yes No

Please make sure you have agreed to the declarations above by ticking the box and if posting the form by signing. We are unable to process your application unless this is done.

Name (Block capitals):

Signature:

Date:

Spouse/Partner Name (Block capitals):

Signature:

Date: