

# PAUL'S FUND APPLICATION FORM



*This form should be completed by a suitable professional referring the Main Applicant for a grant from Paul's Fund to stay at Paul's Place.*

*Please ensure you have read and understood the guidance notes before completing this application. Write clearly in CAPTALS or complete electronically, then e-mail to [paulsfund11@virginmedia.com](mailto:paulsfund11@virginmedia.com). or post to Paul's Fund, c/o The Old Bakery, Chapel Street, Georgeham, Braunton, EX33 1JJ.*

**DETAILS OF THE MAIN APPLICANT** (ie the young adult, a parent of a young adult, or an adult with a life threatening brain tumour)

Name			
Address		Post Code	
Telephone No.		Mobile	
Email address			
Date of Birth			

## **DETAILS OF FIRST PERSON ACCOMPANYING THE MAIN APPLICANT**

*If the main Applicant is being accompanied by a partner, relative, friend or carer who is also applying for a grant using this form, please give their details below:*

Name			
Relationship to Main Applicant			
Address		Post Code	
Telephone No.		Mobile	
Email address			

## **NAMES OF OTHER PEOPLE IN THE PARTY**

*If the Main Applicant is being accompanied by other family members or close friends, please list them below (max. 4 people) and indicate with a tick if they are also seeking a grant.*

*Please note that only immediate family members will normally be eligible for a grant, not friends.*

Name	Relationship to Young Adult	Age (If under 18)	Tick Below if seeking a grant

## DETAILS OF THE PROFESSIONAL REFERRING THE MAIN APPLICANT

Name			
Profession			
Your relationship to the Main Applicant and role in supporting them.			
Organisation Name and Address		Post Code	
Telephone No.		Mobile	
E-mail			
<i>Could you please tick the following boxes to confirm the following:</i>			
<i>I have read, understood, and agree to abide by the guidance notes and believe the Main Applicant meets the criteria given below for a grant.</i>			<input type="checkbox"/>
<i>I have been through the information about Paul's Place with the Main Applicant and together we are satisfied it is somewhere they would like to stay and is suitable for them.</i>			<input type="checkbox"/>
<i>I am content for Paul's Fund to contact me to discuss this application.</i>			<input type="checkbox"/>
Signed		Date	

## CRITERIA FOR GRANT APPLICATION

*Please complete the appropriate section(s) A, B and/or C below, then Section D.*

**A DIAGNOSIS OF A LIFE THREATENING, LIFE LIMITING OR TERMINAL ILLNESS** (*applies to a young adult main applicant, or an adult main applicant who has a life threatening brain tumour*)

Nature and date of Diagnosis	
Briefly state the main applicants current condition and circumstances (eg, on medication, in remission etc) <i>Continue on a separate sheet if necessary and ensure all relevant information is provided including, if appropriate, the current prognosis.</i>	
24 hour emergency contact No(s)	
Who provides the 24 hour contact?	

**B BEREAVEMENT** (*applies to a young adult main applicant who has been bereaved, or the parent of a young adult who has died*)

Name and age of the person who has died	
Relationship to the Main Applicant	
Date the person died	
Briefly described the circumstances of the bereavement.  If it is more than 2 years since the person died, please also explain the reasons for applying now.	

**C CARER** (*applies to a young adult main applicant or the parent of a young adult with a life threatening illness or terminal illness*)

Name of the person being cared for	
Relationship to the Main Applicant	
On average, how many hours a week do they spend in this caring role and what does it involve?	

**D ALL CRITERIA**

*Please explain briefly why you are referring the main applicant for a holiday break and the benefits you think it will bring both to them and those coming with them.*

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**DETAILS OF RESERVATION at Paul's Place (The Old Bakery) if known.**

Arrival Date		Departure Date		No. of Nights	
Rooms Reserved (B & B basis)		Baggy Point		Putsborough	
The Garden Room (Self-Catering basis)				Barricane	

**DAILY ALLOWANCE AND TRAVEL COSTS**

*If due to their financial circumstances the young adult needs help to meet the cost of travel and/or meals and other daily expenses, please indicate below by a tick*

Daily Allowance for Meals (Please tick if required)					
Travel Costs (Please tick if required)					
Method of Travel (tick one box)		Car:		Public Transport:	
<i>If you are claiming one or both of these grants, please provide your bank details.</i>					
Name of account holder				Name of Bank	
Account No.				Bank Sort Code	
*Bank Account Evidence (Tick which applies)		Enclosed		Or To Follow	

*\* Eg photocopy of a paying in slip or bank statement*

**OTHER INFORMATION**

*With reference to Note 4, Paul's Place is a Bed and Breakfast establishment trading as The Old Bakery and takes bookings from the general public. Please provide any relevant additional information about the Main Applicant's condition that could affect your suitability to stay in a public environment.*

*Please provide below any other relevant medical information that should be known to Paul's Place or which may need to be passed to local medical professionals in the event of an emergency (eg details of medication, allergies, medical issues such as seizures, sickness etc, mobility or other disabilities).*

*Please state any special access, dietary or other needs:*

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**Next of Kin to be contacted in Emergency**

<b>Name</b>			
<b>Relationship</b>			
<b>Address</b>		<b>Post Code</b>	
<b>Telephone No.</b>		<b>Mobile</b>	
<b>Email address</b>			

*Finally, could you please let us know how to find out about Paul's Fund and Paul's Place:*

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**The information provided on this application form will be treated in strictest confidence and used for the sole purpose of assessing your entitlement to a grant, and ensuring the owners of Paul's Place have information relevant to your stay. No information will be passed to any other party without your express permission.**

**Office Use Only**

<b>Ref. No.</b>	<b>PF</b>	<b>Recommended for Approval (Date)</b>		<b>Approved by CAF (Date)</b>	
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