**HOLIDAY GRANT APPLICATION FORM**

NAME Date of birth

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email address or telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How does your illness and/or long-term disability affect daily life?

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1. What difference are you hoping this grant will make to your life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. As our fund is very restricted and we aim to assist as many people as possible, you can only apply for a grant once a year. Please confirm that you have not received a holiday grant from KCIL in the last 12 months.

□ **I have not received a grant in the last 12 months**

1. Holiday grants are set at a maximum of **£200**. How much are you requesting? £\_\_\_\_\_\_\_\_ Please indicate the holiday supplier to whom payment should be made:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ **I consent for my data to be processed for the purpose of administering my application (please tick)** KCIL will hold and process all information concerning you as an individual strictly in accordance with its confidentiality policy and the Data Protection Act 2016. The data we collect from you in this form will help us to monitor that you meet the eligibility criteria for these grants. We will not, without your consent, supply your name and address to any third party except where such a transfer is a necessary part of the activities that we undertake, or we are required to do so by the law. Should you wish to withdraw this consent at any time, or to obtain a description of the data we hold on you, please contact Robert Reilly at River Reach, 31-35 High Street, Kingston, Surrey KT1 1EU.

Please attach the ‘Statement of Support’ from a Support Worker or other Professional person **(not a relative or your Personal Assistant)**

**You may wish to detach this statement to preserve confidentiality.**

**Please ensure it is returned to KCIL with your completed form.**

**STATEMENT OF SUPPORT**

Thank you for agreeing to fill in and sign this Statement of Support for the person who is applying for financial support towards a holiday. Your statement will assist us in making the best use of KCIL’s limited resources.

I know (*insert name of applicant*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

And fully support their application for a holiday grant to go to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*insert destination*) On (insert date)\_\_\_\_\_\_\_\_\_\_\_\_\_ for the following reasons:

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Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if applicable)

Telephone No.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_Date\_\_\_\_\_\_**\_\_\_\_\_\_\_\_**

Please return your completed form to: KCIL, River Reach 31-35 High Street, Kingston Surrey KT1 1LF

**\*Please remember to attach evidence of the cost of your holiday to this form e.g. a copy of the invoice for your travel ticket or hotel accommodation.\***