



**The Sheila Kay Fund, 18 Seel Street,
Liverpool L1 4BE**

Telephone: (0151) 702 5545

Email: enquiries@skfund.org.uk

Web: www.sheilakayfund.org

GRANT APPLICATION FORM

The Sheila Kay Fund makes most of its grants to people who have been, or are involved voluntarily in social, youth or community work, possess only minimal qualifications and who wish to attend a short/part time course or conference relating to their voluntary work, and are either unemployed or on a low income. Please supply as much detail as possible and return the form as quick as you can. Further to your application you may be contacted to clarify information in your application and in particular cases you may be invited in to discuss your application further.

Name: Date of Birth: / /

Address:

Postcode: Telephone: Email:

National Insurance number:

Are you (please tick): ☐ a lone parent ☐ single ☐ partnered?

Ages of dependant children:

Name of course/conference:

Location:

Start date: Finish date:

How will this course benefit you and/or your community organisation?

Have you received previous support from the Fund?

Please give details of your qualifications to date:

Are you (please tick): ☐ waged (part-time) ☐ waged (full-time) ☐ receiving benefit

☐ other (please specify):

Is your total annual household income: ☐ under £12,000 ☐ under £15,000 ☐ under £20,000 ☐ under £25,000

If employed what is your current job title:

Please give brief details of any voluntary work you have done or are presently undertaking:

What costs do you anticipate in taking up the educational opportunity, by listing all the cost implications, you give us a greater opportunity to help with at least one area of assistance? If you are not sure of exact costs estimate, do not delay returning the form. Grants are not made retrospectively, please calculate costs from the date of your application. *Continues >*

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COSTS

TOTALS

Course Fees:	<input type="text"/>				£	<input type="text"/>		
Travel**:	No. of days:	<input type="text"/>	No. of wks:	<input type="text"/>	Cost per wk:	<input type="text"/>	£	<input type="text"/>
Childcare:	No. of children:	<input type="text"/>	Ages:	<input type="text"/>	Cost per wk:	<input type="text"/>	£	<input type="text"/>
Books:	No. of books:	<input type="text"/>	Average cost:	<input type="text"/>			£	<input type="text"/>
Equipment/materials - please specify:	<input type="text"/>						£	<input type="text"/>
Other - please specify:	<input type="text"/>						£	<input type="text"/>
Overall total							£	<input type="text"/>

**Please make sure that you put how many days per week that your travel costs are for, and how many weeks of the course are left.

How much can you contribute to the above costs:

How much can your organisation contribute to the above costs:

Grants are normally paid by cheque. However if you need to be paid by Postal Order, please enter the name of the Post Office that you will use:

REFERENCES

We always contact the voluntary work referee you provide. Occasionally we contact your course referee to verify attendance on the course. It will speed up your application if your referees are aware that we will be writing to them.

1/ VOLUNTARY WORK REFEREE

Name:	<input type="text"/>	Position:	<input type="text"/>
Organisation (if appropriate):	<input type="text"/>		
Address:	<input type="text"/>		
Postcode:	<input type="text"/>	Telephone:	<input type="text"/>
Email:	<input type="text"/>		

2/ COURSE REFEREE

Name:	<input type="text"/>	Position:	<input type="text"/>
Organisation (if appropriate):	<input type="text"/>		
Address:	<input type="text"/>		
Postcode:	<input type="text"/>	Telephone:	<input type="text"/>
Email:	<input type="text"/>		

Please give any other information relevant to your application in a supporting letter and return with this application to the address overleaf.

Declaration: **"I confirm that the information included in this application is correct and that I have not knowingly omitted any important details."**

Signed: Date:



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MONITORING FORM

The Sheila Kay Fund has an Equal Opportunities Policy in place. Our policy is to ensure that no applicant is treated differently because of race, colour, religion, gender, sexual orientation, marital status, age, disability, class or is disadvantaged by any conditions which cannot be shown to be justifiable. To assist us in the monitoring of this policy, we would be grateful if you would complete this form. It is entirely optional. If you don't this will not affect your application in any way. All information supplied both on the application form and the monitoring form is completely confidential and only used for monitoring purposes.

I am: ☐ male ☐ female

I am: ☐ a lone parent ☐ single ☐ partnered

I am: years of age

The ages of my dependant children are:

Do you have caring responsibilities for anyone other than a child? (Please specify)

I would describe myself as: (Please tick and specify country of origin)

☐ African ☐ Asian ☐ Caribbean ☐ European ☐ Indian ☐ Middle Eastern

☐ Black British ☐ White British ☐ None of the above I am:

The Disability Discrimination Act 1995 (DDA) defines a disability as a physical or mental impairment which has a substantial and long-term effect on an individual's ability to carry out normal day to day activities.

Do you regard yourself disabled within the definition set out by the DDA?

☐ yes ☐ no

If the above definition does not apply to you but you consider yourself to have a disability please tick here: ☐

I found out about The Shilea Kay Fund from:

The name of my course is: