

Faringdon United Charity CIO

Charity no: 1186581

c/o All Saints' Church, Church Street, Faringdon, Oxfordshire, SN7 8AD

<https://faringdonunitedcharity.org.uk/>



Grant Application Form – Individual

Referrers Information

Name of Referral _____

Organisation: _____

Contact Person: _____

Address: _____

Phone Number: _____

Email Address: _____

Details of the person the application is for

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Your application must meet the following charity objects:

- to relieve either generally or individually persons resident in the Area of Benefit who are in conditions of need, hardship or distress.
- to advance the education of children resident in the Area of Benefit who, in the opinion of the charity trustees, are in need of financial assistance.

Area of Benefit

Faringdon, Little Coxwell and Littleworth

For educational purposes, applications will be considered from Year 6 pupils who will attend Faringdon Community College, regardless of where they live

Outline the application and explain reason for referral

Please refer to the guidance provided and ensure you include all requested information.

A clear description of what funding is requested. Be as specific as possible. Include the item(s) or service required, the total cost, the preferred supplier (where known). Attach a quotation or estimate (where possible):

Explain the applicants' circumstances. Describe why they are in need. Provide information regarding any benefits or other support currently being received.

Explain how the request meets the Charity's objectives and how a grant would make a positive difference to the applicant.

List any applications made to other organisations for the same purpose, including outcome (approved, declined or pending)

Any other relevant information that you feel will assist trustees in making a decision

Privacy Statement

In accordance with the General Data Protection Regulation (GDPR), we are committed to protecting and respecting your privacy. By completing this application form, you consent to the processing of your personal data by Faringdon United Charity for the purposes of assessing your grant application.

Your personal data will be stored securely and will only be accessed by authorised personnel. We will not share your data with third parties, unless required by law. You have the right to request access to, correction of, or deletion of your personal data at any time.

For more information on how we handle your data, please refer to our Privacy Policy available at www.faringdonunitedcharity.org.uk

Referrer Declaration

Please confirm that:

- ☐ I have read and understood the Faringdon United Charity [Grant Making Policy](#) and privacy statement.
- ☐ I know the applicant through my professional role and believe the information provided in this application is accurate.
- ☐ I have undertaken all reasonable checks required by my organisation before making this referral.

☐ I have complied with my organisation's safeguarding, confidentiality and data protection procedures.

☐ I believe this application represents a genuine need and meets the Charity's grant-making objectives.

Referrer Signature: _____

Name: _____

Organisation: _____

Date: _____