



London Diocesan Board for Schools

Chief Executive: Inigo Woolf, BEM, FCIB

London Diocesan House, 36 Causton Street, London SW1P 4AU

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www.ldbs.co.uk

CITY & DIOCESE OF LONDON VOLUNTARY SCHOOLS FUND APPLICATION FOR AN INDIVIDUAL GRANT

1. BEFORE COMPLETING A GRANT APPLICATION, please read
 - (a) Grant making policies,
 - (b) Tips for completing a grant application and
 - (c) Frequently Asked Questions
 available on our website www.ldbs.co.uk/grants-for-school-journeys/
2. Please complete the application in full and post with necessary documents to the Finance Manager at the above address. Incomplete forms will be returned.
3. Applicants must have attended a Church of England School within the Diocese of London for at least two years.
4. The upper age limit for applicants is 25.
5. Applicants over the age of 16 must fill in their own form.
6. For applicants below the age of 16, the parent/guardian should fill in the application.
7. Two independent references must be obtained in the form below and sent with the completed application but in separate sealed envelopes marked 'reference'. We may contact referees for further information if required.
8. Application for grant for school journey which is part of a school's group journey should be made by the School using Group grant application form.
9. Retrospective applications and applications received after deadline will be not considered.
10. Only one application per applicant per year is permitted.
11. Payment of grant will be made only by bank transfer either to the applicant or parents/guardian or directly to the individual or company who supply the product or service to the applicant for which the grant is applied.
12. Deadline for submission of applications: 28th February for Summer Term, 30th June for Autumn Term and 31st October for Spring Term.

APPLICANT'S PERSONAL DETAILS

| | | | |
|--|----------------|-----------------------|--|
| First and middle Name: | | Surname: | |
| Address: | | Date of Birth: | |
| Landline: | Mobile: | Age (years): | |
| Email: | | | |
| Name & address(es) of Church of England School(s) attended: | | Dates attended | |
| | | | |
| | | | |
| | | | |

PURPOSE OF GRANT

Have you applied for a grant before? YES NO If yes, When:

What was the purpose of the grant:

Amount received? £_____ Any feedback?

What is purpose of the grant? (Give full details of the purpose such as **place** and **dates** of course, project or field trip undertaking. Attach photos or brochures or other evidence. Continue on a separate sheet if required.)

Amount of grant applying for: £

Will you be receiving any grant from the Local Education Authority or any other sources? YES NO

If yes, how much: £_____ and when:

Any other details:

Break down of estimated cost of course/project/field trip: (Attach documentary evidence)

| | |
|-------------|-------|
| a) | - £ |
| b) | - £ |
| c) | - £ |
| d) | - £ |
| e) | - £ |
| | ----- |
| Total | £ |
| | ----- |

Explain in detail the reason(s) for your application for financial help: (Attach any evidence available) (Continue on a separate sheet if required.)

NAMES OF TWO REFEREES

Please note that referees should not be parents, relatives or friends. One of the referees should be your Head Teacher, your Head of year or your tutor or someone of similar standing.

| | | |
|----------|------------------------|--------------|
| Title: | First and Middle Name: | Surname: |
| Address: | | Position: |
| Email: | | Landline No: |
| | | Mobile No: |

| | | |
|----------|------------------------|--------------|
| Title: | First and Middle Name: | Surname: |
| Address: | | Position: |
| Email: | | Landline No: |
| | | Mobile No: |

| Details of bank account to pay grant by bank transfer | | | |
|---|----------------------|------------------------------|--------------------|
| Name of Bank | Name of Bank Account | 8 digits Bank Account Number | 6 digits Sort Code |
| | | | |

Privacy Statement:

- We use your data for the purpose of making grants. We may share your data with other Trusts, Charities and Grant making bodies for the purpose of making grants.
- The LDDBS believes in protecting the personal data of individuals and has robust policies and procedures in place to protect your personal information. For further information, please contact Dee Thomas, Finance Manager and Clerk to the Trust or Robert Bullett, Data Protection Officer.

Data Protection Act:

- In our effort to help pupils of Church of England Schools in the Diocese of London, we may seek the assistance of other similar Trusts and Charities either connected or known to us so that they can make grants directly to you based on the information given by you in your application to us.
- The information given in this form may be disclosed with external authorities including Metropolitan Police for fraud detection and prevention purposes.
- By signing hereunder, you are giving us permission under Data Protection Act.
- By signing hereunder, you are certifying that the above grant will be used solely for the purpose for which it is awarded.

Signature of Applicant / Parent

PRINT NAME

____/____/____
Date

Confidential

**LONDON DIOCESAN BOARD FOR SCHOOLS
 CITY & DIOCESE OF VOLUNTARY SCHOOLS FUND
 REFERENCE FOR AN APPLICANT APPLYING FOR A GRANT**
 (to be completed by the person named on the application)



| |
|---|
| Full name of Referee: |
| Name of person applying for a grant to whom this reference relates to: |
| Purpose for which the grant is applied for: |
| Amount of grant being applied: <div style="text-align: right; margin-right: 100px;">£</div> |
| Your relationship to the applicant: |
| How long have you known this applicant? |
| Please explain in detail why do you consider the applicant is in financial need: |
| Please explain why do you consider the applicant will be able to make good use of a grant, if made: |

Any other information in support of this application: (Continue in a separate sheet if required) (Attach any evidence available)

This reference should be placed in a sealed envelope and given to the applicant so that it can be sent together with the application form. It should not be sent separately.

Please note that the information given in this form may be shared between or passed on to other charities either known to us or connected to us for the purpose of grant making in the case of insufficient funds available to make grant from this trust. The information given in this form may be disclosed with external authorities including Metropolitan Police for fraud detection and prevention purposes.

By signing hereunder, you are giving us permission under Data Protection Act.

Signature of the Referee

PRINT NAME

____/____/____
Date

Confidential

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PRINT NAME

____/____/_____
Date