

The MacDougall Trust Application Form

Registered Charity 209743

Referring Organisation Name:			Date:
Title: Mr / Mrs / Miss / Ms	First Name:	Surname:	Position:
Address:			Postcode:
Email address:			Telephone:
If this application is being submitted directly by an individual, please fill in Social Worker or Primary Health Care Worker section above			
Personal Details of Applicant			
Title: Mr / Mrs / Miss / Ms	First Name:	Surname:	
Address:			Postcode:
Email address:			Telephone:
Single / Married / Divorced / Separated / Widow (<u>delete as appropriate</u>)			Age: Date of birth:
No of Dependants:		Ages:	
Other household members (inc family and lodgers):			
Reason for the application:			
Assistance required - please give details of item(s) required and amount(s): Please attach relevant quotation			
Item(s):		Cost:	
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		Total:	
Social situation:			
Disability and medical conditions (if applicable):			
Statutory body(ies) approached for assistance:			
Other charities approached and outcome:			

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Monthly Income			
Your basic salary	£		
Partner's basic salary	£		
Overtime	£		
Universal Credit	£		
Child benefit	£		
Pensions	£		
Income support	£		
Job seeker's allowance	£		
Maintenance	£		
Other benefits or Family Credit	£		
Total monthly income (A)	£		
Expenditure			
Commitments per month	£	Everyday spending per month	£
Mortgage/ Rent		Groceries	
Council Tax		Public Transport	
Ground rates/ rent		Fuel	
Gas/ Electric/ Oil		Childcare	
Water		Clothing	
House & Contents Insurance			
Telephone/broadband/ WiFi		Prescriptions	
Mobile		Alcohol	
TV licence		Cigarettes	
TV subscriptions		Newspapers/ magazines	
Car loan/repairs		Pet food/ insurance	
Road tax			
Car insurance			
Personal insurance		Other	
Pension			
Loan repayments			
Credit card			
Other			
Sub-total	£	Sub-total	£

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Total monthly outgoings (all sub-totals) (B)	£
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Total monthly income (A)	£
Total monthly outgoings (B)	£
Total monthly income (A) less outgoings (B)	£
Savings	£

Have you received a grant from the MacDougall Trust, for any reason in the last 3 years? Yes / No
If yes, please give details:

If a grant is awarded, please give details of who cheque or vouchers should be payable to ie referring agent or supplier of goods:

(it cannot be the applicant, family or a friend)

Please include here any information not covered elsewhere in this form that you consider relevant to your application and would assist the Trustees in their decision making.

Please attach all quotations if applicable

Referring agent's signature:

Applicant's signature:

Date:

Date:

Please email completed form and relevant paperwork to morna@macdougalltrust.org