

THE GUBAY CRISIS FUND

Application form for one-off financial support

Please submit requests to:
gubaycrisisfund@nugentcare.org

This form must be completed by the
Headteacher/Principal, Parish Representative
or Nugent Employee

RECEIVING INDIVIDUAL/FAMILY DETAILS

Family name		Parent's first name	
		Post code	

NAMES OF THE CHILDREN LIVING IN THE FAMILY HOME

Name	Age	Name	Age

Ethnicity		Religion	
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District in which the family lives	
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IS THE PARENT (PLEASE TICK ALL THAT APPLY):

On Benefits		Recently made redundant	
A refugee		Unemployed	
In low-income employment		In part-time employment	
A single parent			

REASON FOR APPLICATION (Please use space overleaf if required)

Please note the purpose of this fund is to provide immediate one-off support to families or individuals facing a crisis. Due to limited funds **we are only able to provide this one-off support in exceptional circumstances;** we cannot support on-going needs. Please ensure your request meets the fund criteria. In support of your application, please outline the following points:

- The difficulties the family are facing
- How this grant will help
- Why this is an exceptional circumstance

AMOUNT REQUESTED (£)		AMOUNT GRANTED (£)	
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ITEM(S) REQUESTED							
Item 1		Cost		Item 2		Cost	
Item 3		Cost		Item 4		Cost	
				Total Cost			

DETAILS OF SCHOOL/PARISH APPLYING OR NUGENT EMPLOYEE							
Name of Applicant				Name of School/Parish			
Address							
Post Code							
Phone no. (of Individual)				Email			
How long has the family/individual been known to you?							
Cheque made payable to (School/Parish)							
Signature of applicant				Date			

PLEASE INDICATE HOW QUICKLY THIS GRANT IS REQUIRED							
Within 2-3 days			Within 3-5 days			Within 2 weeks	

REASON FOR APPLICATION CONTINUED (The specific item(s) the family require and the costs involved)							

Completed forms to be sent to gubaycrisisfund@nugentcare.org or faxed to **0151 261 2001**.
Alternatively, if your system allows, you can send the completed form by clicking the **green submit button** below.

[Submit to gubaycrisisfund@nugentcare.org](mailto:gubaycrisisfund@nugentcare.org)

OFFICE USE ONLY							
Authorised by		Signed		Date			