

The Travellers Aid Trust

PO Box 16

Llangyndeyrn, Cydweli

Carmarthenshire SA17 5BN

Tel./Fax: 01269 870 621

info@travellersaidtrust.org/www.travellersaidtrust.org

The Violet Clegg Fund Application Form

Small grants for Gypsies and Travellers to Overcome Hardship or Benefit Communities

Before you fill this form in, please make sure you read the general guidance notes that come with it. Please pay special attention to the kinds of things the Trust will not fund or is not likely to support to avoid disappointment.

Please also make sure that you provide as much information as possible with your application and include supporting information or documents with your form. If you are able to provide us with all the information we need and this information is clear, it means we can process your application and inform you of a decision more quickly.

If you are having difficulty filling in the form or answering any of the questions, please let us know, as we might be able to help. You can also call the Trust and arrange to have the form filled in for you over the phone or request an audio format (CD) if this is easier for you.

The form is divided into sections to be filled in depending on who is applying for a grant and what they need the money for. You will not have to fill in every section and there are additional guidance notes in the right hand margin of the application form to help you if it is not clear what you have to do. Once you have completed the form, make sure you sign it and make a copy of it for your own records before you send it in to us. Although you can send your application form in at any time, the Trustees normally meet four times a year at the beginning of February, May, September and November and applications need to reach us at least two weeks before meetings in order to be considered.

Susan Alexander
Trust Administrator

The Violet Clegg Fund Application Form

Small grants for Gypsies and Travellers to Overcome Hardship or Benefit Communities

Ref:

Section A -

Q1. Under which Category are you applying?

Category 1

Category 2

(Overcome Hardship
Benefit)

(Community

Q2. Are you an individual or family, an agent applying on behalf of someone else or a group?

Individual/family agent group

Section B – Individuals/family

Q1. What is your name?

Q2. How much are you applying for?

Q3. What will you spend the money on?

Q4. How will this grant make a difference to you?

Q5. Approximately how many people will directly benefit from this grant?

guidance notes

If you are an individual or family, you do not need to complete Sections D&E. If you are a group, please do not complete Sections B, C&D. If you are an agent or advocate applying on behalf of a client, please complete all sections with or for your client with the exception of Section E.

Remember that the maximum amount you can apply for is £250.

If the total cost of what you are seeking to provide for yourself or others is more than £250, please tell us where the rest of the money will come from.

Please try to give us as much detail as possible about how this grant will help you/your family.

You should include yourself and/ or any children or people who are dependent on you,

Section C – Benefits, grants and other help

Q1. Are you in receipt of any benefits?

Yes No

Q2. If yes, please state which ones.

Q3. Have you ever applied for and been awarded or refused a Community Care Grant?

Yes No

Q4. If yes, please tell us when this was, what it was for and if you got the grant or not.

Q5. Have you applied to any other grant-makes for help beside the Trust?

Yes No

Q6. If yes, please tell us who have you applied to, when you applied and what the outcome was or whether you are still waiting to hear back from them.

Section D – Agent/Advocates

Q1. What is your name?

Q2. What is the name of the agency/organisation you work for?

Q4. Is your agency/organisation voluntary or statutory?

Voluntary Statutory

Q5. In what capacity do you know the applicant/s?

Q6. How long have you known the applicant?

0-6mths 6mths-2vrs 2vrs +

guidance notes

This section will help us understand what help, if any, you are already receiving or have asked for from elsewhere. The fact that you are receiving benefits or grants from other charities will not necessarily mean you will not be eligible for a grant from us, but it will help us to understand your situation better.

This section should only be filled in by professionals working with and applying on behalf of Travellers. If you are also the primary referee, you will still be required to complete the Referee form.

Section E – Groups

Q1. What is the name of your group?

Q2. What kind of group are you?

Informal group constituted group charity

Other (please state)

Q3. When was your group set up/first start to meet?

Q4. What are your group's objectives?

Q5. Are you a local regional or national group?

Q6. What is your group's annual turnover?

Q6. How much are you applying for and what is the need you are trying to address?

Q7. Approximately how many Travellers will benefit from this grant?

guidance notes

This section should only be filled in by groups.

If you are constituted or a registered charity, please include your governing document with your application.

Briefly describe the purpose of your group.

This means how much you spend last year. If you have accounts, please provide a copy of them.

Please give a brief summary of what you need the money for. Do you need funds to help been your basic running costs, is there a problem you are trying to solve or an activity you want to pay for, for example?

Please give an approximate number of Travellers who will benefit directly from this grant.

Section G - Payment details

Please remember that grants will not be paid directly to individuals. Please give us the name and contact details of an organisation through which we can pay your grant. If you are applying for a specific item, please give the name and contact details of the retailer you will be purchasing the item from. If you are having difficulties identifying someone who can receive payment on your behalf, please let us know, as we may be able to help.

Name of organisation/supplier: _____

Address: _____

Phone: _____

Section H - Referees

You must give the name, address and phone number of two independent referees who are able to comment on your work or your need for this grant. This could be a teacher or health visitor or someone from a voluntary organization or a local authority that is willing to support your application, but remember that this cannot be a friend or relation. One of the referees named below must fill in a Referee form which must be submitted along with your application.

Referee 1

Referee 2

Tel.: _____

Tel.:

Signature of applicant: _____

Date: _____

Have you...

Read the guidance notes that came with this application form?

Have you answered all the questions that apply to you?

Have you provided us with two referees who will support your application?

Have you enclosed or arranged for us to be sent a completed referee form?

Have you signed and dated this application form?