

All details included within this application will be treated in the STRICTEST CONFIDENCE

THE PURPOSE OF THE TRUST FUND: Is the relief of hardship, either generally or individually, of people who are residents within the Parish of Countesthorpe, by paying for or towards the cost of items, services or facilities which could otherwise not be afforded.

PLEASE WRITE IN BLOCK CAPITALS

Date.....

Name	
Address	
Telephone number (Please state if ex.directory)	
A brief outline of the circumstances giving rise to this application. (Please continue on a separate sheet, if necessary)	
What help are you seeking from this fund?	
Detailed or approx. cost.	

IMPORTANT

The declaration overleaf must be signed before this application is considered

Please ensure that your application is enclosed within one of the envelopes provide and return to the **Parish Council Office, Station Road, Countesthorpe.** (NOTE: The Parish Council Office kindly acts as a collecting point for applications and is no way connected to or part of it.)

For office use only

Date application considered

Application Granted YES / NO

Chairman

APPLICATION REF:

GENERAL DATA PROTECTION REGULATIONS – effective 25th MAY 2018

All personal, financial and general details and information contained within this application and any associated documentation, is given by or on behalf of the applicant and held by the trustees of Countesthorpe Community Trust Fund in strictest confidence. It will not be divulged or made available as a whole or in part to any person, party or organisation without the expressed consent and permission of the applicant, or as required by law.

The trustees will destroy any documentation or electronically held information two (2) years after the date of application, except for details of any financial transaction(s) which will be held for a period of seven (7) years from the date of the application and then will be similarly destroyed / deleted.

I have read the above statement and agree to my application being considered and processed in accordance with the state terms and conditions.

Signed

Print Name

Date