

Barnardo's COVID 19 SUPPORT FUND

Please complete this form and email to:

enquiries.eden@barnardos.org.uk

CRITERIA

A resident of Eden, ideally any applicants would be able to:

- demonstrate a loss of income due to Covid-19;
- be over 18 (i.e. the named recipient although the benefit can be for a family);
- have limited savings to be able to fall back on

AWARD

Suggested award would be in the region of £250 max, to allow us to help as many families as possible. However, please do not be limited to this amount if you consider the applicant to be in need of a higher level of support. Please just indicate further in the AWARD section below and the application will be assessed appropriately.

APPLICANT DETAILS					
Name					
Address (inc Postcode)					
Telephone Number					
Number of people in household					
Number of children in household					
Household Age Groups Indicate Yes or No for each group	0-5	5-15	16-25	25-60	Over 60
	Y/N	Y/N	Y/N	Y/N	Y/N
Is the Applicant registered with the 'Barnardo's Eden 0-19 Child and Family Support Hub (formerly known as Eden Children's Centres')?	YES				
	NO	If NO, can we make contact?		Yes/No	
PROOF OF IDENTITY The Applicant is known to me through my work with my organisation	Your Name: Job Title: Organisation: Email: Phone:				

ELIGIBILITY

Enter brief details explaining why the applicant is eligible

AWARD

For the following expenditure:

Enter details here:

I recommend an Award of:

Enter amount here:

£

Amount authorised:

£

Authorising Manager:
CSM Julie Fletcher
Or, Team Manager Mags Moorhead

Date Authorised: