



Dacorum Community Trust (DCT)
 The Forum, Marlowes, Hemel Hempstead,
 Hertfordshire, HP1 1DN
 Tel: 01442 253216 Email: applications@dctrust.org.uk
Registered Charity No. 272759

Ref number

Personal Application Form

Please answer the following questions so we can assess how to help you and/or identify other agencies who can offer additional support. **All information will be treated in the strictest confidence.**

Full name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth			
Status	Single / Partner / Married / Separated / Divorced / Widowed / Other		
Nationality			
Address Including area of Dacorum Postcode			
Telephone number			
Email address			
Please state name and age of any children under the age of 18 years.			
Do your children live with you? If not, who do they live with?	Yes / No		
Are there any other adults living at this address?	Yes / No	If yes, how many?	
Do you, or anyone in your immediate family, have a disability or suffer from a serious illness?	Yes / No		
Who is your housing provider?			
Are you currently employed?	Yes / No		
Are you in receipt of any benefits? Please tick all that apply.	<input type="checkbox"/> Universal Credit <input type="checkbox"/> Child Benefit <input type="checkbox"/> DLA <input type="checkbox"/> ESA <input type="checkbox"/> Working Tax Credit <input type="checkbox"/> Child Tax Credit <input type="checkbox"/> PIP <input type="checkbox"/> Pension Credit <input type="checkbox"/> Other (please specify):		
Any other income			
Occupation and employer name			
Name and occupation of spouse/partner			
Your previous occupation(s) Your partner's previous occupation(s) <i>We may be able to refer you to other charities based on this information.</i>			
Do you have any debts? If so, what is the total amount of debt?	Yes / No		
Have you previously applied to DCT? If yes, how did we help?	Yes / No		

Outgoings	Monthly £	Outgoings	Monthly £
Rent/Mortgage		Council tax	
Gas		Electricity	
Water		Food	
Mobile phone		Television/internet	
Travel costs		TV licence	
Car costs		Other	

Please explain your current circumstances and why you are applying for support.

DCT is a small independent charity with limited resources.

Please list your requests in priority order and we will aim to help you with one of them.

Are you able to contribute towards a purchase? YES / NO

Are you affected by any of these issues? Tick all the boxes that apply to you.

- Domestic Abuse
 Homeless
 Benefits
 Family issues
 Temporary accommodation
 Debt
 Mental health
 Physical Health
 Housing
 Other – please specify:

How did you find out about DCT?	<input type="checkbox"/> CAB <input type="checkbox"/> South Hill Centre <input type="checkbox"/> NHS <input type="checkbox"/> DBC <input type="checkbox"/> DENs <input type="checkbox"/> Website/Social Media <input type="checkbox"/> Other (please specify):
Please provide the name and contact details of your support worker, if any:	
Please provide the name of any other agencies who are supporting you:	

I declare that the information I have given is to the best of my knowledge correct.

I consent to DCT contacting other charities/organisations and support workers on my behalf.

Signature of applicant		Date	
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DCT may use anonymous extracts from your application for our case studies. If you do not want us to use any information, please tick here

Our Data Protection Policy is on our website www.dctrust.org.uk.

Please include with your application form:

- **Recent, full month's bank statement/s**
- **Proof of benefit statement (a screenshot of your journal is acceptable)**
- **Copy of your tenancy agreement, if a new tenancy.**

**Once completed, email to applications@dctrust.org.uk or send to us at
The Forum, Marlowes, Hemel Hempstead, Herts, HP1 1DN.**

Dacorum Community Trust is asking all applicants if they would take a moment to complete the form below. In line with our **Equality, Diversity and Inclusion policy**, we want to ensure we are helping all groups within our community. This data will be used to highlight specific areas for improvement, training, and monitoring purposes.

This information is voluntary and will be recorded separately from your application for support.

About You

Select the option that best describes your ethnic group or background.

Asian/Asian British

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Asian British | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Any other Asian background |

Black/African/Caribbean/Black British

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> African | <input type="checkbox"/> Black British | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Any other Black/African/Caribbean background | | |

Mixed

- | | | |
|--|--|---|
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> White and Black | <input type="checkbox"/> Any other mixed/multiple ethnic background |
|--|--|---|

White

- | | |
|---|--|
| <input type="checkbox"/> Irish | <input type="checkbox"/> Scottish/English/Welsh/Northern Irish |
| <input type="checkbox"/> Any other white background | |

Other

- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> Arab | <input type="checkbox"/> Gypsy/Roma/Traveller communities | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Any other ethnic group | |