

EAST AYRSHIRE COUNCIL

ARCHIBALD TAYLOR TRUST (SC019308)

Application for Financial Assistance (individual Applicant)

The Archibald Taylor Trust can make awards to individuals who are in recovery or convalescing, or who have a permanent, chronic or terminal medical condition, for special nursing treatment or a respite holiday.

Applicants must currently live in Kilmarnock, or have been born there.

Provision can be made for the applicant's carer and/or family to accompany them, if considered necessary by the Trustees for medical reasons.

Circumstances should be such that lack of financial means would otherwise prevent the proposed nursing treatment or respite holiday from taking place.

Please refer to the Guidance Notes on Page 7 for help with completing the application form.

Groups and organisations, that routinely provide either special nursing treatment or a respite holiday service that is available to individuals that would qualify in their own right for consideration of an award from the Trust, can also apply to the Trust for assistance – a separate application form is available for groups and organisations.

Please complete all sections and return to the Administration Manager, East Ayrshire Council Headquarters, London Road, Kilmarnock KA3 7BU.

DOCUMENTS TO BE ATTACHED TO APPLICATION

Proof of address

Evidence of income

As part of the application process we require to pass your details to Financial Inclusion to ensure benefits are being maximised. Please advise if you wish this to be done.

Yes

No

If yes, please provide your National Insurance number

Please provide a quote for the holiday you require financial assistance for

Quote/Screenshot attached to application

SECTION ONE: GENERAL

1.1 Applicant's name

1.2 Applicant's current address

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..... Postcode

Telephone no Email

1.3 Applicant's address at time of birth, if not currently living in Kilmarnock

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1.4 Length of residency in Kilmarnock if applicant was not born there

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Please note that appropriate checks will be carried out to verify details provided above.

1.5 Applicant's date of birth

1.6 Name and address of applicant's GP

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SECTION 2: PROPOSED TREATMENT OR HOLIDAY

2.1 This application is for **(please tick)**

Special nursing treatment	
A respite holiday	

2.2 Please provide details of the proposed special nursing treatment or respite holiday. This should include the date, duration, location, cost per person and number of people attending. Please submit a minimum of two quotes with the application (refer to Guidance Note 9 on Page 7).

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2.3 Please explain how the proposed treatment or holiday will benefit the applicant.

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2.4 If the applicant requires to be accompanied, please give medical reason and provide name of carer/companion and their relationship to the applicant.

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2.5 Your bank details

Please give details of your bank account.

Name of bank	
Address	
Title of bank account	
Account no	Sort code

2.6 I undertake to submit receipts for accommodation and/or travel costs within 6 weeks of my nursing treatment or respite holiday taking place.

Signed by or on behalf of the applicant:

.....

Date

SECTION 3: GP'S RECOMMENDATION

(This section must be completed and signed by the applicant's GP)

3.1 Please provide details of the applicant's medical condition.

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3.2 Please provide your professional opinion as to why the proposed special nursing treatment or respite holiday will benefit the applicant.

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3.3 Where the applicant has indicated that they require to be accompanied, please confirm whether this is for medical reasons and the manner in which the applicant would be assisted.

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Signed by GP

Date

Personal information will only be used to make a decision on this application. No information will be disclosed to any other party.

SECTION 4: DETAILS OF HOUSEHOLD INCOME

4.1 Trustees have responsibility for ensuring that all activities of the Trust fall within the Trust purpose. This requires them to be satisfied that applicants are in financial need.

To assist the Trustees, please provide below details of all sources of income. This information must be provided for **everyone attending the holiday**, and must include details of all earnings from employment, DWP benefits, pensions and all other income sources.

Please provide written verification of all earnings from employment and an up to date award letter from the DWP as verification of all benefits received.

Weekly income from sources stated:-

Please continue on a separate sheet if necessary

4.2 Please provide a summary of weekly financial outgoings and details of any extraordinary expenses incurred as a consequence of the applicant's illness or injury.

DECLARATION BY OR ON BEHALF OF APPLICANT

4.3 I declare that the details of household income provided are correct.

Signed by applicant:

Date

Signed by applicant's parent
Or legal guardian

Date

Application on behalf of a child should be signed by their parent or legal guardian.

All enquiries about the Archibald Taylor Trust and application process to Sheryl Wilcox, Democratic Services Officer, Telephone No 01563 576139, Email sheryl.wilcox@east-ayrshire.gov.uk

GUIDANCE NOTES

- 1.** The applicant must be currently living in Kilmarnock or have been born there. This means that applications can be considered from individuals who were born in Kilmarnock and have since moved away to live in another area and from individuals who were born in another area and have since settled in Kilmarnock.
- 2.** Circumstances should be such that lack of financial means would present difficulties in taking up the proposed special nursing treatment or respite holiday.
- 3.** Section 3 of the application form must be completed and signed by the applicant's GP.
- 4.** Entire household income details must be provided with the application for all attending the holiday.
- 5.** The applicant must provide written confirmation of earnings (eg wage slip). If the applicant is a child, their parent or guardian must provide written confirmation of earnings.
- 6.** If the applicant is in receipt of benefit, they must submit their most recent award letter from the DWP (Department for Work and Pensions) as verification. If the applicant is a child and their parent or guardian is in receipt of benefit, they must submit their award letter. Receipt of benefit does not in itself confirm that the applicant would have difficulty paying for the special nursing treatment or respite holiday themselves. Rather, the whole household income will be taken into account.
- 7.** Receipts for accommodation and travel costs must be submitted within 6 weeks of the special nursing treatment or respite holiday taking place.
- 8.** Trustees have sole discretion in determining awards and there is no right of appeal.
- 9.** The Trust will support respite holidays in the UK and Ireland, rather than abroad. Applicants should anticipate refusal of any requests for foreign holidays, unless there are exceptional medical circumstances to support.