



Variety, the Children's Charity

Maufant Variety Youth Centre
La Grande Route de St Martin
St Saviour Jersey JE2 7GT

Tel: 01534 856937 Fax: 01534 857097

Email: admin@varietyjersey.org.je

Website: www.varietyjersey.org.je

THIS FORM MUST BE COMPLETED IN FULL

DATE:

Parent(s) Name:		Date of Birth:
Address:		Tel No:
Postcode:		Mobile:
	Please List all your Children's Names:	Date of Birth:
1		
2		
3		
4		
5		
6		

Weekly Wage (You & Partner) £ _____

Weekly Rent £ _____

Gross Weekly Income Support
(To include any other Benefits
received from Social Security) £ _____

Is this Weekly Rent paid by:

Maternity Grant / Benefit £ _____

You

Maintenance £ _____

Income Support

GROSS WEEKLY INCOME £ _____

NET WEEKLY INCOME £ _____
(After Rent Deducted)

Not Eligible for Income Support
Please tick as appropriate

Single Parent

Handicap or illness of child

NB - False declarations may result in immediate rejection of your Claim

Items Required:	Child's Name:	Shop:	Price:

TOTAL REQUESTED: £

The information collected on this application form is subject to the Data Protection (Jersey) Law 2005 and is used for the purpose of assessing suitability for Variety assistance. It will not be used or disclosed for any other purpose without your consent.

I hereby confirm that to the best of my knowledge the information I have provided is correct and I give my consent to Variety the Children's Charity to check any relevant details with Social Security and any other Agency as may be required.

Signature of Parent: