



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		

Weekly Wage £ _____ **(You & Partner) - wage/salary slip to be provided**

Weekly Income Support £ _____ **(To include any other Benefits received from Social Security, not including Rent)**

Maternity Grant / Benefit £ _____

Maintenance £ _____

GROSS WEEKLY INCOME £ _____

Weekly Rent **Paid by You:** - £ _____ **Paid by Income Support:** £ _____

NETT WEEKLY INCOME £ _____

Married Single Parent Living with Partner Child with Special Needs

Please tick as appropriate

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

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

TOTAL REQUESTED: £

“We collect, hold and in limited circumstances share your personal data in accordance with our Privacy Notice which can be accessed on our website: www.varietyjersey.org.je.” We must be advised of any change in your circumstances.

Signature of Parent:

For Office Use Only: