# DREN'S BOOT FUND.



# DECISTEDED CUADITY No. 21/E2/

| The Queen's Award PLEASE USE A SEPARATE FORM FOR EACH CHILD                  |
|--|
| CHILD'S NAME   |
| ADDRESS  |
| Post Code  |
| NUMBER OF CHILDREN AT SCHOOL     (A)       CHILDREN WHO HAVE LEFT SCHOOL (B) |
| NUMBER CHILDREN UNDER SCHOOL AGE (C) TOTAL NUMBER OF CHILDREN AT HOME        |
| PLEASE SEE OVER  |
| IS FATHER LIVING AT HOMEYES / NO IS MOTHER LIVING AT HOMEYES / NO            |
| FATHERS PLACE OF EMPLOYMENT  |
|  |
| TOTAL EARNED INCOME AFTER ALL DEDUCTIONS PER WEEK $ {f t}$                   |
| INCOME REPLACEMENT BENEFIT (JSA/UC/ PER WEEK £                               |
| PENSION INCOME PER WEEK £  |
| SICKNESS BENEFIT (ESA/UC PER WEEK £  |
| CHILD BENEFIT AND TAX CREDITS PER WEEK £                                     |
| ANY OTHER INCOME PER WEEK £  |
| £  |
| TOTAL COMING INTO HOUSE PER WEEK £   |
| RENT AND COUNCIL TAX AFTER BENEFITPER WEEK £                                 |

OTHER REMARKS / SPECIAL CIRCUMSTANCES.....

#### IMPORTANT: PLEASE READ OVER FOR DATA PROTECTION INFORMATION: A PARENT OR GUARDIAN MUST SIGN BELOW --- WE WILL NOT PROCEED WITHOUT SIGNATURE.

.....

| SIGNATURE  | SCHOOL STAMP  |
|--|---|
| (Parent or guardian)                                       | YOUR APPLICATION DATE IS IMPORTANT<br>PLEASE SEE OVER |
| PLEASE PRINT YOUR NAME                                     |   |
| (WHEN THE PARENT OR GUARDIAN HAS COMPLETED                 |   |
| AND SIGNED PLEASE RETURN THE FORM TO THE SCHOOL)           |   |
| SCHOOL NAME  |   |
| SIGNATURE<br>(Head Teacher or Authorised Person –for DPA.) |   |
|  | PLEASE CONFIRM HERE IN ABOVE SPACE                    |
| DATE   | IF THE APPLICATION IS FROM <b>FMAS</b>                |

#### WE WELCOME ANY LETTER OF ENDORSEMENT FROM THE SCHOOL TO SUPPORT THIS REQUEST.



## **COVENTRY CHILDREN'S BOOT FUND REGISTERED CHARITY No. 214524**

**HELPFUL INFORMATION** 

To be considered the applicant child must be attending full time education and of school age, generally rising 5's to 18 yrs. (regrettably we cannot consider school nursery attendance)

All applications are considered at our committee meetings. The committee meets FOUR times a year:

| September | (Just after the start of the school year) |   | Please ensure that schools     |
|-----------|---|---|--------------------------------|
| December  | ( Usually the first few days in December) |   | can deliver your application   |
| February  | (Just before half term)                   |   | to us before the first Tuesday |
| May       | ( At the start of the Summer term)        |   | of the months mentioned.       |
|           |   | - |                                |

Be aware that if you apply just after a committee meeting your application will be considered at the next meeting. This means that you may have to wait 2 to 4 months before you are advised of the outcome - please consider this when completing the form; if you miss a meeting date you may have to wait a little while before you hear from us.

We are a local organisation and we try to assist as many applicants as possible, therefore we do not normally consider applications where a previous grant was made to a particular child within the last twelve months - you may however apply for a different child within that time - twins are normally both given shoes, if required.

If your application is granted you will receive a voucher, redeemable against a pair of suitable school shoes (of course, you will have a choice, but they MUST be school shoes), only at AGERS, Corporation Street, Coventry.

> You will find the staff at Agers both helpful and knowledgeable with the fitting of your child's shoes, and will handle the transaction with discretion, and in a normal manner.

> > If you are unsure then please ask the school secretary for assistance

## **GENERAL DATA PROTECTION REGULATION INFORMATION**

### How we collect your information

When you apply we only request necessary personal information, as overleaf and we only keep your information for as long as is needed --- which may be as long as your child/children are at school.

#### WE USE AND RELY ON YOUR INFORMATION TO:

Process and evaluate your application fairly.

Ensure that the rules of the charity are properly adhered to.

Communicate and respond to the applicant's school or organisation following consideration of the appeal.

Inform the shoe retailer that you will be receiving a numbered voucher, for a pair of proper school shoes for your child. This enables the retailer to properly identify you to appropriately and confidentially supply the school shoes with discretion.

#### WE WILL ONLY USE YOUR INFORMATION AS STATED AND STORE IT SECURELY.

#### YOUR RIGHTS OVER THE INFORMATION WE HAVE ABOUT YOU.

The General Data Protection Regulation adds to the rights that you have over your information. It's your information after all.

You can ask to see all the information we have about you or object to the way we use your personal information. If you ever decide to make a request, you can do this by email at; contact@childrensbootfund.co.uk We will run through some security checks (to double check it's you) and discuss what you want to happen. We will review your request and respond within one month, by post or email.

# COVENTRY CHILDREN'S BOOT FUND

| The Queen's Award PLEASE USE A SEPARATE FORM FOR EACH CHILD   |
|---|
| for Voluntary Service CHILD'S NAMEAGE   |
| PLEASE NOTE; WE CAN ONLY PROVIDE SCHOOL SHOES FOR THOSE CHILDREN WHO ARE ATTENDING FULL TIME SCHOOL |
| Address   |
| Post Code   |
| NUMBER OF CHILDREN AT SCHOOL (A) CHILDREN WHO HAVE LEFT SCHOOL (B)                                  |
| NUMBER CHILDREN UNDER SCHOOL AGE (C) TOTAL NUMBER OF CHILDREN AT HOME                               |
| PLEASE SEE OVER   |
| IS FATHER LIVING AT HOMEYES / NO IS MOTHER LIVING AT HOMEYES / NO                                   |
| FATHERS PLACE OF EMPLOYMENT   |
| MOTHERS PLACE OF EMPLOYMENT   |
| Total earned income after all deductions per week $ {f \pounds}$                                    |
| INCOME REPLACEMENT BENEFIT (JSA/UC/ PER WEEK £  |
| PENSION INCOME PER WEEK £   |
| SICKNESS BENEFIT (ESA/UC PER WEEK £   |
| CHILD BENEFIT AND TAX CREDITS PER WEEK £  |
| ANY OTHER INCOME PER WEEK £   |
| £   |
| TOTAL COMING INTO HOUSE PER WEEK £  |
| RENT AND COUNCIL TAX AFTER BENEFITPER WEEK £  |

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| SIGNATURE  | SCHOOL STAMP   |
|--|--|
| (PARENT OR GUARDIAN)   | YOUR APPLICATION DATE IS IMPORTANT<br>PLEASE SEE OVER                        |
| PLEASE PRINT YOUR NAME<br>(WHEN THE PARENT OR GUARDIAN HAS COMPLETED<br>AND SIGNED PLEASE RETURN THE FORM TO THE SCHOOL) |  |
| SCHOOL NAME  |  |
| SIGNATURE  |  |
| (Head Teacher or Authorised Person – For DPA.)   | <b>D</b>   |
| DATE   | PLEASE CONFIRM HERE IN ABOVE SPACE<br>IF THE APPLICATION IS FROM <b>EMAS</b> |

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