



The Leaders of Worship and Preachers Trust

Application for Financial Assistance from Leaders of Worship and Preachers Trust

The details provided on this application form may be used to assess eligibility for financial assistance from The Leaders of Worship and Preachers Trust or any other charitable fund administered by the Trust.

We appreciate that you may feel that some of the questions are very detailed and personal but the more we know about you, the easier it will be to tailor our help to your needs. Please provide as much detailed information as possible because this enables us to establish your eligibility and process your application speedily.

Applicant's Personal Information

Partners Personal Information

Surname .....	.....
First name(s).....	.....
Title .....	.....
Marital Status.....	.....
Home Address.....	.....
.....
.....
Town.....	.....
County.....	.....
Postcode.....	.....
Telephone No.....	.....
Date of Birth.....	.....
Place of Birth.....	.....
National Insurance No.....	.....

Please describe any health problems or disabilities

Applicant

Partner

.....
.....
.....

Write to us at: PO Box 2352, Watford, WD18 1PY

Phone: 01923 231811 Email: lwptoffice@lwpt.org.uk Fax: 01923 296899 Web: www.lwpt.org.uk

Registered Office: Unit 14, Orbital 25 Business Park, Watford, Herts, WD18 9DA

A company limited by guarantee, no. 5247784, registered in England and Wales. Registered Charity no. 1107967

Of which church or denomination (if any) are you a member? Methodist/WRU/C of E/ URC/
Baptist/other (please specify)

Applicant.....Partner.....

Are you a lay preacher/reader/presbyter or authorised leader of worship or in training for one
of these ministries? (Y/N)

Applicant.....Partner.....

If yes, please indicate which.

If not have you ever been authorised to exercise such ministries? (Y/N)

Applicant.....Partner.....

Please indicate whether you have retired from office or ceased for some other reason.

Applicant.....Partner.....

Please ask your minister, pastor or church secretary to sign below to confirm that you exercise
or have exercised the ministries mentioned above.

Signature.....(please print name).....

Address.....

Telephone No.....

Applicant's Employment History

(Give complete details of the applicants current or previous employment even if now retired. This information may help us to identify other charities to which you might also apply. *Please include any service in HM Forces*)

Employer	Nature of Business	Job Description	How Long (years)

Name of any trade union or professional body to which the applicant has belonged

Partners Employment History

(Give complete details of the applicants' partners current or previous employment even if now retired. This information may help us to identify other charities to which you might also apply. *Please include any service in HM Forces*)

Employer	Nature of Business	Job Description	How long (years)

Name of any trade union or professional body to which the partner has belonged

Details of other members of the household.

Please give details of any children or other people living within the household.

Name.....

Sex.....Age.....

Relationship to Applicant.....

Employment if employed or school.....

Weekly income.....

Weekly payment to household.....

Family Health Issues

Please give details of any chronic/hereditary illness or disability in the family members listed above.

I/we hereby confirm that all the information given on this form and all the appendices to the form are correct to the best of my/our knowledge and belief.

Consent of data subject under the Data Protection Act 1998

I consent to your processing the information contained in my enclosed application to you for grant assistance (including any information that may be sensitive personal data within the meaning of the Data Protection Act) and understand that the data will be processed only for the purposes stated above.

I consent to the Trust passing on information provided to the Trust to any other charity which appear to its officers may be able to support the application.

Please indicate any charities or trusts to which you not wish us to reveal information.

Applicant's
Signature.....Date.....

Partner's Signature..... Date.....