



LWPT

Application for a Vocational Development Grant

The details provided on this application form will be used to assess your eligibility for financial assistance from The Leaders of Worship and Preachers Trust. This form should be completed using the guidance notes available.

Please provide as much information as possible, to enable us to establish your eligibility and process your application speedily.

Personal Information

Surname:

First name(s):

Title:

Marital Status:

Home Address:

Town:

County:

Postcode:

Telephone No:

Email Address:

Date of Birth:

National Insurance No:

Which church or denomination do you belong to?

How are you involved with your church at present?

How do you see the future of your calling developing?

How would a grant help you to fulfil your calling?

Specifically, what expenditure do you need the grant to cover? (please include course name and course provider where relevant)

What is the total expenditure on the activity for which grant aid is sought?

What is the total amount being applied for from the Trust?

How would your plans proceed if we are unable to offer you a grant?

Employment History

(Please give complete details of current or previous employment even if now retired).

Employer	Nature of Business	Job Description	How Long (years)

Details of other members of the household.

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

Name:

Sex: Age:

Relationship to Applicant

Employer or school if applicable:

Please list any other charities or trusts to which application has been made and give the results of the application.

Organisation	Date	Result

If you have applied to this organisation previously for other grants, please indicate the purpose and dates of those applications.

Purpose	Date	Result

Financial Details

Income

For consistency, please express all income in weekly terms

Net earnings from employment	
State Retirement/Widow's Pension	
Occupational/Private Pension	
Child Benefit	
Income Support	
Job Seekers Allowance	
Incapacity Benefit	
Severe Disablement Allowance	
Invalid Care Allowance	
Attendance Allowance	
Disability Living Allowance - Mobility	
Disability Living Allowance - Care	
Charitable Income	
Any other Income - please specify	
Total	

Tax Credits

Please indicate if you are in receipt of any Tax Credits

Working Families Tax Credit	
Disabled Persons Tax Credit	
Pension Credit - Guarantee Credit	
Pension Credit - Savings Credit	

Savings

Details of Savings (the value of an owner occupied property will be disregarded)

Bank Accounts	
Building Society Accounts	
National Savings and Investments	
Other Investments	
Total	

Weekly Expenditure

For consistency, please express all expenditure in weekly terms.

Rent or Mortgage	
Council Tax	
Gas/heating oil/electricity	
Water Charges	
Telephone	
Transport (fares, motor fuel etc)	
Housekeeping (food, cleaning materials)	
Clothing	
Insurance	
Other expenditure	
Catalogue or Club repayments	
Bank overdraft or loan repayments	
Social Fund loan repayments	
Credit Card repayments	
Other debt repayments	
Total	

References

Please provide details of a member of your church leadership team who is willing to provide a reference.

Signature: _____

Name (please print): _____

Address: _____

Telephone number: _____

Declaration

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

Applicant's signature: _____

Date: _____

The Application Process

1. The completed form should be sent to

LWPT
Unit 14
Orbital 25 Business Park
Dwight Road
Watford
Hertfordshire
WD18 9DA

2. Your application will be reviewed and your reference taken up. You will be informed of the outcome within 7 days of the review date as indicated in following chart

	Summer Applicants	Winter Applicants
Application Date	30 th June	3 rd October
Review Date	31 st July	2 nd November
Grant date	1 st September	2 nd January
Select your Period		

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.

Applicant's signature Date