

# HANDY FUND

c/o The Holywood Trust

Mount St Michael

Craigs Road

Dumfries

DG1 4UT

01387 269 176

[funds@holywood-trust.org.uk](mailto:funds@holywood-trust.org.uk)

Our HANDY (Holywood Assistance to Needy and Disadvantaged Youngsters) Fund is provided annually by BBC Children In Need in Scotland.

The Fund has been established to provide individual welfare payments to disadvantaged children and young people who are referred by third party professionals who are aware of their family circumstances (eg. education officials, social workers, health professionals and staff of voluntary sector organisations). It is likely that they will come from situations involving family breakdown, social, physical or mental difficulties, or situations involving stress and low income. In general terms, support will be provided where there is deprivation, a medical condition or similar difficulty.

Awards of up to £100 per child/young person per year will be considered. The purpose of the award must be of direct benefit to the child/young person and meet a basic welfare need for them (eg. to provide clothing/footwear; beds and bedding, pushchairs, safety equipment, or other similar basic items, and sometimes educational or activity breaks). We will make awards for newborns through to those aged 18. We would normally expect to be funders of the last resort. The Fund is overseen by a local Advisory Group.

It is expected that the professional body involved will oversee the appropriate use of any award and will ensure that receipts are sent to us as soon as possible after purchase of the specified items.

## Application Procedure

**Applications to the fund should be made, using this form, by the third-party professional working with the child/young person.** This should be completed fully and should be accompanied by supporting information, where applicable (eg. equipment information, activity break/school trip details, etc.). If you feel it would be helpful to provide further written information in addition to the form, we would be happy to receive this. The Advisory Group will want to be clear about how the award will benefit the child/young person and meet their basic welfare needs.

For general enquiries please contact Amanda Armstrong at the Trust's offices.

This application form, and any supporting information, should be sent to:-

The HANDY Fund  
c/o The Holywood Trust  
Mount St Michael  
Craigs Road  
Dumfries  
DG1 4UT

# APPLICATION FOR ASSISTANCE FROM THE HANDY FUND

*Please ensure all sections are complete. We normally expect one form per child but please contact us where multiple applications from one family are requested.*

Child's Full Name	Date of Birth	Age	M/F?	Address and Postcode
<b>Signature of Parent/Guardian</b> (by signing you are confirming your agreement to this application being made for your child/ward)				

## With whom does the child live?

	Tick		Tick
Parents		Other relative/s	
Lone parent		Foster care	
Grandparent/s		Residential accommodation	
Adult sibling			
Other (please detail)			

## In what type of accommodation does the child live?

	Tick		Tick
Owner occupied home		Homeless/temporary accommodation	
Local Authority/Housing Association		Refuge	
Privately rented			
Other (please detail)			

## Please give details of the child's siblings, if applicable. If not applicable, tick here

(the example on the first line details a 16 year old sister who lives at home, is at school and has a part-time job).

Brother	Sister	Age	At Home	Away from home	At school	Unemployed	Employed Part-Time	Employed Full-Time	At College/University
<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Please give the source of the household income (tick all that apply)

	Tick		Tick
Full-time employment		Disability benefits	
Part-time employment		Sickness benefits	
Income Support/JSA		Widowed Parent Allowance	
Child Tax Credits		War Pension	
Working Tax Credits		Student Loan/Grant/Bursary	
Other (please detail)			

Please detail any disability, health or welfare issue which affects the child on a day-to-day basis. (Do not leave this section blank).

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Please provide information to support this application including a summary of the family circumstances, how any welfare issue(s) of the child will be met, and any other relevant information. (Use a continuation sheet, if necessary).

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Please advise the outcome of any other applications made (eg. Social Work Department, Community Care Grant, Social Fund Loan, Crisis Loan, other charity, etc).

Awarding Organisation	Amount Requested	Purpose	Please tick		
			Approved	Pending	Refused

Is the family eligible for financial support from other sources? (Please answer “yes” or “no”. If “yes”, please provide details)

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Please tell us what the money is needed for

Purpose of the grant	Details	Cost
Clothing		
Footwear		
Bed/Cot		
Bedding (inc. protective sheets)		
White goods		
Safety items (eg. stairgate, fireguard)		
Baby equipment (eg. buggy, high chair)		
Sports/leisure activity		
Outdoor activity holiday		
School trip		
Other (please detail)		
<b>Total Cost</b>		
<b>Other Funding</b>		
<b>Amount requested from HANDY</b>		

Please note that payments must be made into a third-party bank account, (eg. D&G Council, school, etc.) or direct to a supplier (eg. Argos, equipment supplier, etc.). Please provide the cheque payee details.

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**Declaration By Third-Party**

In making the application, I acknowledge that I will be responsible for ensuring that:

- Any grant awarded is used for the purpose for which it is given
- Purchase receipts for the full amount disbursed will be forwarded to the HANDY Fund as a distributor for BBC Children in Need along with an acknowledgement from the parent/guardian for the receipt of goods or services.

Signed: ..... Print Name: .....

Job Title: .....

Organisation: .....

Address: .....

Post Code: ..... Tel. No: .....

E-mail address: .....

Date: .....

**Data Protection Statement**

By signing this form both the applicant and the agency representative agree to the information of the form (and on any attachments, eg. supporting letter) being stored in the Fund's filing system and in summary on the Fund's computer database.

**THE HANDY FUND RECEIVES SUPPORT FROM BBC CHILDREN IN NEED AND IS ADMINISTERED BY THE HOLYWOOD TRUST**

**FOR OFFICE USE ONLY**

<b>Ref. No.</b>		<b>Date Received</b>		<b>E-mail to Advisory Group</b>	
<b>Award Amount</b>		<b>Cheque No</b>		<b>Date Dispatched</b>	

<b>Notes</b>	
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