



# The Holywood Trust

Scottish Charity No. SC009942

## **Application Form for Individuals**

The Holywood Trust is a charitable grant giving organisation which aims to help young people in Dumfries and Galloway. It gives grants to individuals and organisations, creating opportunities for young people in the region.

The Trust takes its name from the Parish of Holywood on the outskirts of Dumfries. It was founded and endowed by Sir John Keswick of Portrack and his daughter, Maggie Keswick Jencks.

The Trust is administered by a board of Trustees and managed by a professional staff based at **Hestan House, Crichton Business Park, Bankend Road, Dumfries DG1 4TA.**

**[www.hollywood-trust.org.uk](http://www.hollywood-trust.org.uk)**

**PLEASE READ THE WHOLE FORM BEFORE ATTEMPTING TO COMPLETE IT**

## **Please do not leave any section of this form blank**

### **Eligibility Criteria**

To receive support from the Hollywood Trust you must usually be:-

- 15-25 years old.
- resident in, or have recently resided in, Dumfries and Galloway.

*Generally we will be keen to provide support where it will enable a young person to be more self-sufficient and is helping them to move their lives forward.*

*All applications will be considered individually. It will always be helpful to have a supporting letter from a third-party who knows you in a formal capacity. Depending on your circumstances the third-party could be a Social Worker; health professional working with you or your family; support worker/adviser; employment adviser; youth worker; school/college/university teacher/tutor; sports coach; music tutor, etc. (If you are applying for an award to meet personal/living expenses a supporting letter is usually a requirement). It will assist us and speed up the processing of your application if you organise a letter of support before you send your application to us.*

### **Level of Awards**

The awards made by the Trustees normally fall into the range of £50 - £1,000. The amount awarded will depend on your need and your personal (or family) circumstances.

### **Filling In This Form:**

- The purpose of this form is to provide us with information about you, your circumstances and your need for assistance from the Trust.
- The form provides for a very wide range of circumstances; if a section does not apply to you write "not applicable" (n/a), "none", etc., but **do not leave any section blank**; *it is also acceptable to write "I would prefer not to say" or to respond in some other way if you find answering a question difficult for personal reasons.*
- Please complete the form yourself in black ink.
- Use continuation sheets if you do not have enough space to provide your answer or if the questions on this form have not given you the opportunity to tell us about yourself and any special circumstances or hardships you face.
- If you enclose any documents or other supporting information with this form please ensure that a note is made of this in the appropriate section on the back page of the form. If you require any of them to be returned please mark them "ORIGINAL - PLEASE RETURN".
- **IF YOU ARE UNCERTAIN ABOUT HOW TO COMPLETE ANY PART OF THE APPLICATION FORM, CONTACT US AND WE WILL HELP YOU**; you can also find information on the Trust's website.

Financial support from the Trust is provided entirely at the discretion of the Trustees.

It will be a condition of any award made that you agree to let us know what you have been able to achieve with it.

### **Trust Contact Details:-**

**The Hollywood Trust  
Hestan House  
Crichton Business Park  
Bankend Road  
Dumfries DG1 4TA**

**Tel: 01387 269 176  
Fax: 01387 269 175  
E-mail: [funds@hollywood-trust.org.uk](mailto:funds@hollywood-trust.org.uk)  
Web: [www.hollywood-trust.org.uk](http://www.hollywood-trust.org.uk)**

**PLEASE POST THIS FORM TO THE ABOVE ADDRESS  
USING STAMPS FOR A "LARGE LETTER"**

Our receipt of your application will be acknowledged if you provide an e-mail address. The Trustees' decision will be notified to you in writing.

### Your Details

First Names:			
Surname:			Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	Age:	National Insurance No. (see note on page 12)	
If you are unable to provide a UK National Insurance number, please contact us.			
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Living with Partner <input type="checkbox"/> Other <input type="checkbox"/>			
Where "other" please provide details: .....			
Home Address		Other Address (if applicable)	
Postcode		Postcode	
E-mail address <i>(only provide this if you check your e-mail regularly as this will be our main way of contacting you. <b>Remember to check your 'Junk' or 'Spam' folder</b>)</i>			
Telephone Numbers			
Ethnic Origin: <input type="checkbox"/> White <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Black, African <input type="checkbox"/> Black, Caribbean <input type="checkbox"/> Black, Other <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other Please specify .....			
Do you consider yourself as having a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(A disability is something that can be a physical or mental condition which affects your day to day life. It can take many forms eg needing to use a wheelchair, having a long term illness, severe asthma, dyslexia, epilepsy, ME, depression or anxiety)</small>			
If "Yes", please describe .....			
Are you:- (Please tick <b>all</b> boxes which apply to you).			
<input type="checkbox"/> In full-time education	<input type="checkbox"/> In part-time education	<input type="checkbox"/> In full-time employment	
<input type="checkbox"/> In part-time employment	<input type="checkbox"/> On training programme	<input type="checkbox"/> On support programme for the unemployed	
<input type="checkbox"/> At home with child	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Other (please details below)	
Please provide details of the following, where applicable, or write "not applicable":-			
Name of University/College/School .....			
Year of study .....			
Name of course .....			
Name of Employer .....			
Job Title .....			
Details of training or support programme .....			

Do you have third-party support to receive personal support or training? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", please give the names of the people you deal with, along with the name of their organisation and their contact details, on page 9 of this form – "Support for your Application" where you will find a full list of examples of those who may provide this to you.	

### Education Details

Please give details of your education history from Primary School onwards:

Name of School, College (including campus name), University, etc.	Location (i.e. name of town/village)	Dates

### Qualification Details

Please list your school level qualifications detailing the qualification type (these may include Access, Nationals, Intermediates, GCSE's or Highers, or their equivalents) and also the subject and grade.

Qualification Type	Subject	Grade
<b>Diploma, Certificate, Degree</b>		
<b>Other (including qualifications, certificates of competence and licences for work-related activities – e.g. chainsaw certificate, driving licence, HGV/LGV licence, SVQ, etc.)</b>		

### Employment Details

If you are or have been employed please provide details. If self-employed please state “self-employed” under “Name of Employer”.

Name of Employer / Company	Job Title	Part-time	Full-time	Approx. dates

## Income Information

**Income** - Please provide details of ALL sources of your income. This could include wages, grants, bursary, student loan, benefits and maintenance payments. This should include spouse/partner income when applicable.

Source of Income	Amount of Income	Weekly/monthly/per term?
Employment Income		
Benefit Income (e.g. sickness, disability, unemployment, tax or child benefits, etc. – please specify) ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... .....
Training Allowance		
Student Grant/Bursary		
Student Loan		
Spouse/Partner Income ..... .....	..... .....	..... .....
Other Income ( <u>including parental support</u> ) ..... .....	..... .....	..... .....

If you are: - a student, please enclose a copy of the award letter from your College or BOTH SIDES of the SAAS Award Notice.

- in employment, please enclose a copy of your most recent payslip.

- in receipt of any kind of benefit (e.g. JSA, Income Support, etc.), please send a copy of the letter you received telling you how much you would be awarded.

What is the main source of income of the household in which you live? (tick one only):

Employment Income

Employment Income & Tax Credits

Benefits

Other  (please give details).....

**Expenditure** - Please provide details of your expenditure. This should include costs associated with your accommodation, food, travel, telephone, debt repayments and any other necessary expenditure.

Item of Expenditure	Amount of Expenditure	Weekly/monthly/ per term/etc.

**Debts Details** - (You should give totals here – any weekly/monthly payments should be included in “Expenditure” above)

Detail of Debt – e.g. bank loan for car, bank overdraft, credit cards, etc.	Amount
<b>TOTAL</b>	

**Savings Details**

Savings – e.g. savings account/s, shares, etc.	Amount
<b>TOTAL</b>	

## Family Information

The Trustees want to understand your family circumstances. Please tick all boxes which apply to you.

The first section will let us know about your brothers and sisters (you may want to include half/step-brothers/sisters); 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	At College/ University	Employed Full-Time	Employed Part-Time	Unemployed
<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>
<b>I have no brothers or sisters</b>				<input type="checkbox"/>					

Are you in contact with both of your parents? Yes  No  - if "No", tell us about this:  
 .....

Do you receive financial support from your parent(s)? Yes  No

If "Yes", how much? ..... From Mother  Per week  Per month

If "Yes", how much? ..... From Father  Per week  Per month

(Tick as appropriate and use a continuation sheet to explain, if necessary)

Please tell us about your living arrangements, ticking **all boxes** which apply to you at present. Do you live:-

with both parents? with mother only? with father only? with mother and her new partner?

with father and his new partner? on your own? with spouse/partner? with child/ren?

with a guardian? in student accommodation during term time? in flat-share accommodation?

in homeless accommodation? In Care? Other?

If "Other", please give details:.....

If you have dependents (e.g. spouse, partner, children), please give details:  
 .....

Which of the following do you feel most closely describes the circumstances in which you have grown up (tick as appropriate):

- I have grown up with and had support from my parents
- I have grown up in a lone parent family and have had lots of support from my other parent
- I have grown up in a lone parent family and have had no contact with my other parent
- I have grown up in a lone parent family and have had contact but no support from my other parent
- I have grown up with guardian(s)
- I have mostly been In Care

(By "support" we mean the general support you may expect from your mother and father, e.g. emotional, practical, etc. in addition to financial support).

If none of these apply to you, or they do not satisfactorily describe your circumstances, please use the space below to give further details:  
 .....

If you have been In Care at any time, please tell us about this:  
 .....

**Details of assistance required for:** (please print your name here) .....

**Why do you need assistance from the Trust?** Tell us about your circumstances and particularly anything which affects your or your family's ability to meet your needs. (This could include health or other conditions, family difficulties, substance misuse issues, being in trouble with the police, etc.).

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

**How much money do you need and what do you need it for?** Please be specific and provide a detailed breakdown of costs; if this is not possible please provide budget headings and an estimate of your costs. If you are applying for an award to help you participate in a project or some other activity, please send any information you have regarding the project or activity and the costs involved.

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.....  
.....

**Please tell us how an award from the Trust will help with your personal development and what contribution, if any, it will help you to make to the wider community?**

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

**Do you have any funding in place already?** This could be your own funding, family funding or support from other agencies or organisations. Yes  No

If "Yes", please provide details .....

**Have you made other applications for funding for which you are awaiting a response** Yes  No

If "Yes", please provide details .....

**Is there any other funding which you could apply for?** Yes  No

If "Yes", please provide details .....

**If you have a particular dead-line to meet or your need is urgent, please give details.**

.....

**If the Holywood Trust does not provide you with support what will you do?**

.....  
.....



## Other Information

**If the award you are applying for is to meet basic personal needs such as clothing or household items for you or your family, because of financial hardship, tell us about the specific steps you propose to take so that you can provide these items for yourself in future.** (This could include continuing with previous employment or taking up education or training opportunities which increase your employability).

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## Support for your Application

As detailed previously, it will always be helpful to have a supporting letter from a third-party who knows you in a formal capacity (someone who is not a family member or friend). This could be a:

- Social Worker,
- health professional working with you or your family,
- support worker/adviser,
- employment adviser,
- youth worker
- school/college/university teacher/tutor,
- sports coach,
- music tutor, etc.

## Details of third-party support from whom you have included a letter.

Name and Job Title	Organisation	Contact Details

If you are applying for an award to meet personal or household expenses a supporting letter is important. It will assist us and speed up the processing of your application if you arrange for a letter of support to be provided when you send your application to us.

## Previous Applications to The Holywood Trust

Have you made any applications to The Holywood Trust before?      Yes <input type="checkbox"/> No <input type="checkbox"/>		
If "Yes", and successful, what was the purpose of the award?	When did you receive it?	How much did you receive?

If you have received support from the Trust previously, the Trustees will want to know what you were able to achieve with the award and how it has helped you to improve your circumstances.

## Privacy and Data Protection Statement

The Hollywood Trust is required to inform you why we are requesting and processing the information contained in this form, and any supporting information received from you or a third-party, and the *lawful basis* for doing so as defined in data protection laws.

### Why we need your information:

- When considering the amount of any grant awarded to an individual we will take into account the circumstances of a young person and the form has been designed so that you can tell us about yourself.
- Reference will be made to any previous applications from you to allow The Hollywood Trust to further understand your progress towards your goals and to be aware of the amount of funding provided to you already.
- The Hollywood Trust needs to demonstrate that it is spending its money in ways that comply with the legal requirements which apply to charities in Scotland.

### How information is processed:

- The information in this form and any supplementary information you or others have provided will be securely stored and access to it limited to specified Hollywood Trust staff members and The Hollywood Trust Trustees.
- In addition, our accountants and auditors may need to have access to some of our files (whether paper or electronic) and may carry out some limited processing of them to fulfil their duties.
- All electronic information is overseen by and processed by external IT support companies – but only as far as required to maintain the integrity and security of the data we hold.
- It will be stored in its original paper format initially and then a scanned copy will be made of the form and of any further information provided by you or others and the paper copy will be shredded (usually within three months of you receiving a decision from us).
- The information contained in the application form and any subsequent information provided by you or others will also be processed for electronic storage within our computer systems some of which may be “cloud-based”. The information stored electronically will be used to assist with the administration of your application.
- Some of the information you provide may also be combined with all other application information we hold to assist with the general management of The Hollywood Trust and used to make statutory and other returns. The information provided externally by way of these returns will be general statistical information only and will not identify any individuals except in the circumstances described in “**How information is shared**” below.

### How information is shared:

- Your information will be shared with our accountants, auditors and external IT support companies as detailed in “**How information is processed**”.
- There may be occasions when the Trust would like to discuss your application with third-parties outwith The Hollywood Trust such as someone involved in the preparation of, referral of, or who have provided supporting information for, your application. *If we need to contact any third-parties we will contact you about this to seek your explicit consent to do so. We will tell you why we want to contact them and what information will be discussed and/or shared; your consent will only apply to the application in hand.*
- When a grant is approved The Hollywood Trust sometimes uses external suppliers of goods and services to which we would want to provide your name, address and telephone number. We will always ask your consent to share this information.
- To meet a legal requirement to help Her Majesty’s Revenue and Customs (HMRC) to reduce “money laundering” we may be required to share your name, address, date of birth and country of origin with HMRC for this purpose. This requirement is only necessary where the applicant is not a citizen of the United Kingdom and is unable to provide a National Insurance Number (their own or their parent’s or guardian’s) and will not normally affect applicants to The Hollywood Trust.

### **How long information is retained:**

- All valid applications, whether approved or not, and any supporting information received will be kept until your 26<sup>th</sup> birthday or for 7 years, whichever is the later date.
- If you make a further application it will be matched to any previous application(s) which may be referred to by Hollywood Trust staff and Trustees when considering the new application received from you and the timescale for retention of your data will be set by the date of this most recent application.
- At the end of this period any electronic copies of forms relating to you will be permanently deleted and any records in our databases or similar will be anonymised. This anonymised data will allow The Hollywood Trust to continue to look at individual records and produce general statistical data but not to identify an individual.

This could mean that, if your last application to The Hollywood Trust is just before your 26<sup>th</sup> birthday, you would be nearly 33 years old before your data is anonymised.

### **Lawful Basis for processing:**

- Your “Ethnic Origin” and any information you choose to provide about your health can only be processed lawfully on the basis of your “*Consent*” as this type of data is described as “Special Category Data” in the law which covers data protection. The lawful basis of “*Consent*” gives you special rights under this law – in particular you have a right to request the erasure of this information from our records; this right does not apply to the other data you provide. (See “Your rights” below.)
- All other information you or others provide will be processed as being within The Hollywood Trust’s “*Legitimate Interests*” (which means we need the information to carry out our work as a charity) and also to meet its “*Legal Obligations*” (the Trust needs to keep financial records for seven years); this is all the information on your form and any supporting information provided which is not “ethnic origin” or “health” information.

### **Your rights**

You have certain rights in law regarding the data we hold about you:

- The first is the right to be informed which is covered by the statement above.
- The second is that you have a right to access your data and to know how it is processed. The Hollywood Trust is required to respond to any such request within one month.
- The third is that, if the information held is inaccurate or incomplete, it is rectified by us when requested to do so within one month.
- Fourthly, you have the right within the data protection regulations to have your information erased. However, this is not an absolute right as there is some information which we need to keep for the purposes we have described previously under “Lawful Basis for processing”. We will always approach such requests in a spirit of co-operation and try to reach a conclusion which is satisfactory to both the person requesting erasure and The Hollywood Trust and will always comply with data protection law. Again, the Trust has one month to respond to your request.
- Fifth, there are rights to restrict the processing of data. It will be processed so that The Hollywood Trust can carry out its charitable work. We do not believe that there will be many circumstances where this will apply but we will always consider such requests sympathetically and ensure compliance with data protection law.
- Sixth, data portability – this does not apply in this instance.
- Seventh, a right to object to processing – we do not foresee any circumstances where this is likely but we will always respond to such requests and comply with requirements of data protection law.
- Finally, there are rights regarding automated decision making and profiling – we do not use such processes.

**Declaration:**

I confirm that the information I have provided is correct and gives an accurate overview of my circumstances. This information may be processed, shared and retained as detailed in the Privacy and Data Protection statement above.

In particular:

**Please put a tick against each of the following**

(If there is anything in this declaration which you do not understand or which concerns you please call us.)

- I accept that the form and other information will be **scanned, processed and stored electronically** – both in its original format and in databases and similar software.
- I understand **when this information may be shared** outwith The Holywood Trust
- I accept that this information will be kept until I am 26 years old or for seven years after the last application I make to The Holywood Trust - whichever is the later date.
- I confirm that **I give my consent for the processing of any “ethnic origin” and “health” information** and understand that **I have the right to withdraw this consent. Everything else will be processed as being within The Holywood Trust’s legitimate interests and to meet its legal obligations.**
- I confirm that I understand **my rights.**

Signed .....Date .....

Parent/Guardian (delete as appropriate) signature, also, if applicant is under 16 years:

Name .....

Parent/Guardian National Insurance Number.....

Signed .....Date .....

**NATIONAL INSURANCE NUMBER:** When an applicant is under 16 and they do not have a National Insurance Number there is a requirement that The Holywood Trust obtains an alternative; in most instances this will be the National Insurance Number of a parent or guardian. This is required as part of recent international agreements concerning money laundering.

**NOTE**

If you have any reason for concern about the information we hold about you, please contact us in the first instance and we will do all we can to resolve the matter. Alternatively, you can report your concern to the Information Commissioner’s Office (ICO) at - [ICO.org.uk](http://ICO.org.uk)

The Information Commissioner's Office - Scotland  
45 Melville Street, Edinburgh EH3 7HL

Telephone: 0303 123 1115      Email: [Scotland@ico.org.uk](mailto:Scotland@ico.org.uk)

**Declaration – for forms completed by someone else**

If this form has been completed by someone other than the applicant (or Parent/Guardian if the applicant is under 16); the following details (name, capacity in which support is being provided, contact details) should be entered below and the declaration signed **in addition to the *applicant* completing and signing the previous “Declaration” section.** (If this is not possible please provide a note of explanation in the blank space below.)

Name.....

Relationship to the applicant .....

Contact details (including e-mail, postal address and telephone number)

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

*I confirm that the information on this form is correct and that the applicant has agreed to me providing The Hollywood Trust with the information on this form.*

Signed .....Date .....

<b>Please list any enclosures</b>	Date Received	Date Returned