|  |  |
| --- | --- |
| **Name:** | **Stage name:** |
| **Address:** | **Postcode:** |
| **Phone:** | **Email:** |
| **What is your chosen profession?** | **How long have you been working professionally?** |
| **Finances:** | |
| **Your annual income after tax:** | **Your monthly income:** |
| **Partners annual income:** | **Partners monthly income:** |
| **Are you in receipt of benefits?** | **If so, how much?** |
| **Please provide the monthly figures for:** | |
| **Rent or mortgage:** | **Council Tax:** |
| **Utilities:** | **Food:** |
| **Travel:** | **Subs & misc.:** |
| **Broadband/WIFI:** | **Debt repayment:** |
| **Balance owing on Credit Cards?** | **Balance owing on loans?** |
| **Amount of savings:** | **Any other debt?** |
| **Why are you applying to the trust?** | |
| **How much are you applying for?** | |
| **Have you applied to any other charities?** | |

In the event your application is successful, please provide bank details:

Account Name: Acct Number: Sort Code:

PRIVACY NOTICE

The Evelyn Norris Trust takes your privacy seriously and will only use your personal data to process your application. If you wish us to use your personal information, please ‘opt in’ by ticking the box, otherwise we cannot process your application OPT IN □

DATA PROTECTION

The sensitive details you have provided will be kept confidential. The Evelyn Norris Trust will never sell your information or use it for any other purpose than in relation to your application. I understand that the Evelyn Norris Trust will hold my personal data and information, in either a hard copy or electronic form, for a maximum of six years at which point it will be destroyed.

The Evelyn Norris Trust will only process your data for the purpose of this application and will not provide information to any third party for reasons others than those described above without your consent. If you wish to withdraw your consent, you may do so in writing to the Secretary at which point your data will be destroyed.

I therefore give my consent to the Evelyn Norris Trust to process this information for the purposes of:

· My application being considered by the Evelyn Norris Trust committee

· The Evelyn Norris Trust sending my application to other charities that may be able to assist me

· The Evelyn Norris Trust providing me with support

I CONFIRM:

Signed ………………………………………. Date ………………………………..

*Please note we’re unable to process your application without your signed consent*