

Charity Registration: #1126860

Tel: 0121 356 6155

Mob: 07958324717 Email: info@peoplesneeds.org Website: www.peoplesneeds.org

Application form for Individuals

		1. Pers	on Details					
Full Name:				Date of Birth:				
Place of Birth:								
Address:								
Home Telephone Number:			Mobile Number:					
E-mail Address:			Trainisci.					
Please tick the appropriate box that applies to you. Single: Married: Divorced: Widowed:								
			ional Details					
Qualifications obtained from schools, colleges and universities. Please list highest qualifications first:								
Needs uk								
3. Employment Details								
r - y								
Job role:			Monthly Salary:					
Address of employment:			Work contact number:					



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4. Joint Family Details (If applicable)								
Name	Age	Relationship	Working? Please tick.					
1.			Yes: No:					
2.			Yes: No:					
3.			Yes: No:					
4.			Yes: No:					
5.			Yes: No:					
		5. Family/Friends Abroad						
Name:								
name:								
Address:								
Home Contact Number:		Mobile Number:						
E-mail Address:								
		6. Details of Requirements						
			16					
Please use this section to expla		detail the help that you require. Pleas cal & any other needs you may have.	e include your welfare, training,					
	10							
Have you applied to any other org	anisatio	n's for help? Please tick. Yes:	No:					
If yes, please give details of:								
- The organisation you have applied to — What sort of help you requested — What help they offered to give?								



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7. References									
Please provide two referees:									
Referee 1:									
Full Name:		Relationsh	ip:						
Position (Job title):		Organisation:							
Telephone Number	:	Mobile Nur	mber:						
Address		1	E-mail:						
Referee 2:									
Full Na <mark>me:</mark>		Relationshi	Relationship:						
Position (Job title):		Organisation:							
Telephone Number		Mobile Nur	<mark>mb</mark> er:						
Address		· ·	E-mail:						
			1						
	8. De	eclaration	4						
Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.									
I acknowledge that	Peoples Needs UK is under a duty to p	rotect the pu	ublic fund	s it administers and to this end I					
	formation provided on this form for pr	evention and	d detectio	n of crime and it may share this					
information with other bodies solely for these purposes.									
I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data registration purposes.									
I hereby certify that:All the information given by me on this form is correct to the best of my knowledge.									
All questions relating to me have been accurately and fully answered.									
• I possess all the qualifications which I claim to hold.									
• If given funds, I will use them appropriately and within the legal framework of the country.									
 Peoples Needs UK retains their right to withdraw existing and future support at any time and without notice. Peoples Needs UK will not be held responsible for actions undertaken by recipients who are deemed to be unlawful. 									
Signed:			Date:						
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