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| **Application Form** |
| **The Ludun Fund**  |

# A fund managed by

# Bedfordshire and Luton Community Foundation

# On behalf of

# the trustees of LuDun



LuDun

# **Ludun Fund Application for financial support and guidelines for applicants**

# **What we fund**

The object of the Charity is to provide access to training and education to adults over 18 with physical, learning difficulties, and/or diagnosed mental health issue. The trust makes grants according to two main categories:

**1. Costs of training courses**

Assistance with the costs of enrolling on an accredited study course and purchasing of associated books or equipment which will increase including training fees, learning and support, or IT skills. Equipment, for example uniform costs or tools etc. will also be considered.

**2. Special needs**

Payments for one off purchases of ongoing expenses for items that enable the applicant to attend such training courses or employment

Beneficiaries must live in Central Bedfordshire or have previous been employees of the LuDun facility in Liscombe Road, Dunstable, wherever they may now reside. Priority is given to those who qualify for both and are over the age of 18.

At present, this is a small awards fund and the maximum award under the fund will be £1,000. There is no minimum amount you need to apply for.

Payments cannot be made to cover salaries or national insurance payments.

# **How to Apply**

Please complete the enclosed application form and email it to administrator@blcf.org.uk. Alternatively, you can return it to the foundation at Room135, Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HS.

If you have any difficulties in completing the application form you can call the Foundation office for assistance or clarification on 01525 306690. You can also ask the team at the Disability Resource Centre and contact details can be provided by our staff if needed.

# **What happens once we receive your application**

1. We aim to assess applications within 6-8 weeks of receipt. More urgent cases can be dealt with more speedily by email if the Trustees consider it appropriate.
2. Your application will undergo an initial check for correct completion and eligibility, at which time we may contact you to provide further information.
3. Any details you provide will be treated confidentially.
4. We will confirm to you, in writing, the outcome of your application.

# **Grant Conditions**

1. You must comply with any terms and conditions included in the award offer letter.
2. The grant will be used solely for the purpose stated on the application form. If this is not possible, the award must be returned to the Foundation.
3. Any assets bought with a grant from the Foundation cannot be sold, disposed of or given away to any other groups or individual without the prior written consent of the Foundation.

# **Grant Application**

Please complete all questions in black ink (even if the answer is ‘no’ or ‘not applicable’)

1. **Information about you**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of birth |  |
| Home Address: |  |
| Postcode:  |  |
| Daytime Tel: |  | Email |  |

1. **Details of any caring responsibilities**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Age** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Have you ever been employed by LuDun? Please tick**

|  |  |  |
| --- | --- | --- |
| **Yes** |  | **If yes, please give details:**  |
| **No** |  |  |

1. **Please give brief details of what it is that makes it difficult for you to have access to employment**

|  |
| --- |
|  |

1. **Employment Information- please tell us about your working career to date**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From**  | **To**  | **What was your job?**  | **Who employed you?** | **Why did you leave?**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **What would you like us to fund? Please tick and provide cost details**

|  |  |  |
| --- | --- | --- |
|  | **Item** | **Cost** |
|  | **Training Course** |  |
|  | **Pre-employment expenses** **(i.e. uniform, travel expenses)** |  |
|  | **Equipment** **(i.e. tools or any items to help with access such as text phone/audio equipment, visual impairment equipment)** |  |
| **Total Cost** |  |

1. **If you are applying for help with training course costs, please complete the information below**

|  |  |
| --- | --- |
| **Where is the course taking place?**  |  |
| **Name of course and accreditation** |  |
| **Start date** |  |
| **End date** |  |

1. **Reference**

|  |
| --- |
| **Please provide contact details of a person who could provide a reference (must not be related to you)** |
| **Name:**  | **Address:** |
| **Contact telephone:** | **Email address:** |
| **How does this person know you?** |
|  |

# **Declaration**

1. I confirm that the information given in this application is correct
2. If the information changes in any way I will inform the Foundation
3. I give permission for the Foundation to record the information in this form electronically and to contact me by telephone, email or post as required. The Foundation may also update me as to new activities and funding opportunities.
4. Data will be collected and used for the purpose of grant-making and stored in a locked cabinet. If applications are unsuccessful, they will be destroyed by shredding.
5. Further guidance on your data and privacy policy can be found on our website
6. I agree to abide by the conditions outlined in the Guidelines for Applicants

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are signing this form on behalf of the applicant, please advise below your name, contact details, relationship to the applicant and whether you hold a Power of Attorney.

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