

**HOP AHEAD APPLICATION FORM**

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| --- | --- | --- | --- |
| **Name** |  | | |
| **Address** | **Post Code** | | |
| **Phone number** |  | | |
| **Email** |  | | |
| **Age** |  | **DOB** |  |
| **Reason for grant application.**  ***What is the grant for? Please provide locations, start dates and links to any required equipment. If a link can not be provided please provide supplier, catalogue number and size.*** | | | |
| **Amount of grant required.** |  | | |

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| --- | --- | --- | --- |
| **Please show what evidence you have provided to support your application.**  Personal account details must be removed from any financial documents submitted these documents should be included with your application. | | | |
| **Proof of Address**  (recent utility bill required) | Y/N | **Childcare Invoice** | Y/N |
| **Evidence of requirement** | Y/N | **Proof of free childcare entitlement** | Y/N |
| **Evidence of employment start** | Y/N | **Other:** | Y/N |
| **Evidence of course start** | Y/N | **Other:** | Y/N |
| **Unique Tax Reference (UTR)** | Y/N | **Other:** | Y/N |

**Data Consent.**

**We at Heart of Pitsea take your privacy seriously and will only use your personal information to administer and audit your grant application and to provide the services or products requested from us. Your data will be held securely and not passed on.**

**However, we will need to contact you by email or phone to enable us to administer this grant application.**

**Please tick if you are happy for us to contact you by email and phone whilst dealing with your grant application**

**We will also need some providers to share your information with us, for instance to pay child care providers; for this to take place you will need to fill in the form below specifying who the provider is.**

**I am happy for the Heart of Pitsea to keep my information for the duration of this application. If at any time I choose to withdraw my consent all identifying information will be redacted from any paperwork or electronic documents that are held. I will provide the withdrawal of consent in writing either electronically or otherwise.**

**Grant applicant signature:**

**Parental or Guardians name and signature** *(If the applicant is under 18):*

**Date:**

**CHILD CARE PROVIDER – CONSENT TO SHARE INFORMATION.**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give consent for

**Name of Childcare provider.**

**Address of Childcare provider.**

**Email:**

**Phone:**

To share my account information for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(insert name) with the Heart of Pitsea. The following information can be shared:

* **That I hold an account at this childcare provider.**
* **The date this account started.**
* **The name of the child.**
* **The balance of the account.**

I understand that this information will be held by the Heart of Pitsea during the length of the project and will be held as per the data consent on my grant application. I understand I can withdraw my consent to share at any time.

Signed:

Name:

Date: