



**THE KINGSTON TRUST**  
**PO BOX 6457, BASINGSTOKE, HANTS RG24 8LG**

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**Email: [secretary@kingstontrust.org.uk](mailto:secretary@kingstontrust.org.uk)**  
**[www.kingstontrust.org.uk](http://www.kingstontrust.org.uk)**

The Kingston Old People's Home Fund for Ileostomists

Registered Charity No: 205591

**APPLICATION FOR KINGSTON TRUST GRANT**

How did you hear about the Kingston Trust? .....

Have you applied for a Kingston Trust grant previously **YES / NO**

Have you applied to any other Welfare Organisations for assistance with this request **YES / NO**

(if YES please give details) .....

Surname:..... Title: (Mr/Mrs/Miss/Ms/Other) .....

First Name..... Marital Status .....

Middle Name..... Telephone Number.....

Address ..... Date of Birth .....

..... Date of Ileostomy operation.....

..... Diagnosis: Crohn's/Colitis/Other.....

.....

Email: ..... Occupation.....

Are you a member of IA? Yes / No To which group do you belong .....

Do you have any other health problems? Please give details.. .....

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**PLEASE GIVE FULL DETAILS OF WHY YOU NEED A GRANT AND THE AMOUNT REQUESTED, ENCLOSING A SUPPORTING ESTIMATE IF APPROPRIATE.**

**(CONTINUE ON A SEPARATE SHEET IF NECESSARY)**

**AMOUNT REQUESTED**-----**£**.....

**PURPOSE OF GRANT** .....

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**Household Information - please advise:**

Total number of people in household	
Total number of dependent children	
Total number of non-dependents	

**Please give full details of all your household income and expenditure**

<b><u>TOTAL INCOME</u></b>	<b>Weekly</b>		<b>Monthly</b>	
	Self	Partner	Self	Partner
Net Wages/Salary				
Tax Credits				
State Retirement Pension				
Private/Occupational Pension				
Income Support/Job Seekers/Pension Credit				
Employment Support/Incapacity Benefit				
Disability Living Allowance/Attendance Allowance				
Child Benefit				
Any Other Benefits (please specify)				
Any other income (please specify)				
Contributions to household income from non-dependents				
<b><u>TOTAL INCOME</u></b>				

<b><u>TOTAL EXPENDITURE</u></b>	<b>Weekly</b>	<b>Monthly</b>
Mortgage/Rent – (Amount actually paid)		
Council Tax (Amount actually paid)		
Home Insurance		
Life Insurance/Endowments		
Utilities (Gas/Electric/Water/etc)		
TV Licence		
Telephone/Internet/TV Package (inc. mobiles)		
Travel (train/taxis/car expenses/etc)		
Housekeeping (food/toiletries/sundries/etc)		
Clothing/Bedding		
Health Costs (Prescriptions/dental/glasses/etc)		
HP Agreements (please give details)		
Other Debts (credit cards/loans/catalogues/etc)		
Any other essential expenditure (please specify)		
<b><u>TOTAL EXPENDITURE</u></b>		

<b><u>ASSETS</u></b>	<b>Self</b>	<b>Partner</b>
Savings Accounts		
Investment Funds		
Equity in Home (house value minus mortgage)		
Any Other Assets (please specify)		

All information will be treated as confidential but the Trustees will need to verify that you are eligible for a grant in accordance with the Trust Deed of The Kingston Trust and to confirm that the information you have provided in this form is correct. Verification and confirmation will normally be obtained from your Doctor or Stoma Care Nurse. Please therefore advise the names and addresses of these persons.

**Doctor**

Name .....

Address .....

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**Stoma Care Nurse**

Name .....

Address .....

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*I authorise The Kingston Trust to contact my Doctor or Stoma Care Nurse as named above on my behalf in support of my grant application. I also authorise The Kingston Trust to contact on my behalf other welfare organisations that may provide grant aid.*

*I give permission to The Kingston Trust to store my information on a computerized database.*

Signed: .....

Name: .....

Date: .....