

APPLICATION FORM

PLEASE PROVIDE THE FOLLOWING DETAILS:-

Full Name of applicant:			
Date of birth of applicant:		Date of application:	
If applicant is under 18 years of age, name of parent applying on child's behalf:			
Full address:			
Daytime telephone number:			
Evening telephone number:			
Email:			

DETAILS OF TREATMENT YOU WISH TO RECEIVE:-

Name of Practitioner:	
Type of Treatment:	
Address of Practice:	
Practice tel number:	
Practice Email:	

Please complete the details requested overleaf...

The Anastasia Care Trust

*Please circle
as
appropriate**

INCOME CRITERIA:-

1. Is your take home pay less than £22,000?	Yes/No
2. Are you unemployed?	Yes/No
3. Are you a single parent?	Yes/No
4. Are you at home looking after a child/(ren) that is ill/a child under 5 years old/child on home education/disabled/elderly family members? <i>If yes, please state which apply: _____</i>	Yes/No
5. Do you receive any of the following benefits? <ul style="list-style-type: none"> - Income Support? - Income-based Jobseeker's Allowance? - Related Employment and Support Allowance? - Support under Part VI of the Immigration & Asylum Act 1999? - Guaranteed element of State Pension Credit? - Universal Credit? 	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No
6. If you are applying for a child, does your child receive the school pupil premium?	Yes/No

DATA PROTECTION

YOUR INFORMATION IS PROTECTED BY THE DATA PROTECTION ACT 1998.
 THIS MEANS THAT THE INFORMATION WILL ONLY BE USED AS STATED ABOVE.
 YOUR INFORMATION WILL BE KEPT SAFE AND SECURE.
 YOU HAVE THE RIGHT TO SEE WHAT INFORMATION IS BEING HELD ABOUT YOU.
 WE DO NOT PASS YOUR INFORMATION ONTO ANYONE ELSE. PLEASE READ OUR FULL
 DATA PROTECTION POLICY (GDPR STATEMENT) ON OUR WEBSITE

DECLARATION

I confirm that the information provided on this form is accurate and agree to the data statement above.

Signed: **Date:**