



## Application for Assistance

(Valid from Tuesday 1st October to Sunday 17th November 2024 only)

Please complete in CAPITAL LETTERS

APPLICANT'S FULL NAME \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Employed Yes  No

### LIST EVERY DEPENDANT IN THE HOUSEHOLD

Full Name	Relationship to Applicant	Date of Birth	Employed? Yes or No
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

Why do you need assistance from the Jersey Christmas Appeal? Please tick the appropriate box(es).

Financial hardship  Under 5 years residency – no benefits?  Unemployment  Health costs

Other personal circumstances - describe, briefly: \_\_\_\_\_

Please answer the following questions:

Is the cost of heating included in your rent? YES  NO  Do you pay separately for heating? YES  NO

Are you in receipt of Income Support? YES  NO

Please note that, on its own, Income Support is not sufficient evidence of need.

I confirm I have the permission of those dependants listed above to provide their personal information and I also declare that all the above information is to the best of my knowledge correct and understand that any false information will prejudice my application for assistance. I also understand that this application does not guarantee the provision of any assistance from the Jersey Christmas Appeal.

By completing this application I hereby agree that the Lions Club of Jersey (on behalf of the Jersey Christmas Appeal) may keep these personal details in accordance with the Data Protection (Jersey) Law 2018 for the purposes of considering this application for assistance. I also agree that you may verify the information I have provided with the Social Security Department or any of the Approved Referring Agencies overleaf. For details of how the Jersey Christmas Appeal deals with personal information please refer to our Privacy Policy at [www.jerseychristmasappeal.je](http://www.jerseychristmasappeal.je)

Signed by the Applicant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Note: This form must be endorsed by an Approved Referring Agency (see overleaf) BEFORE being returned by mail to: The Jersey Christmas Appeal, Freepost JE736, Jersey JE1 1AF**  
(No stamp is required)

# Guidelines for Referring Agencies

1. The Jersey Christmas Appeal aims to assist members of the community and their dependants who are in need of help at Christmas. This Application form must be fully completed and endorsed by an authorised representative of an Approved Referring Agency.
2. Approved Referring Agencies includes:  
**Brighter Futures, Brightly, Citizens' Advice Jersey, Community Saving Bank, Evans House, Family Nursing & Home Care, Freeda, Grace Trust, Headway, Headteachers, Mind Jersey, Probation, Resettlement Project - 19 Midvale Road, Shelter Trust & Strathmore 16-25 Project, Silkworth Lodge, St Vincent de Paul, Sanctuary Trust and Nominated Parish Officials.**
3. If you have been asked to endorse an Application and you are not part of an organisation on the above list or have any queries, please telephone the Jersey Christmas Appeal on **857689** for advice.
4. The person endorsing this form should be reasonably satisfied to the best of their knowledge that the Applicant is in need and that, ideally, is known to the Referring Agency. Please note that the Jersey Christmas Appeal reserves the right to request further information and to refuse assistance, at its discretion.
5. Please note that receipt of Income Support is not, on its own, a reason for endorsing any application.
6. **Depending on the availability of funds** and the needs of the Applicant the Jersey Christmas Appeal tries to offer the following assistance:
  - A Grocery Voucher
  - A Heating Voucher (where applicable)
  - A Young Persons Gift Voucher for each dependent child aged 14 and under
7. Applications for Assistance will not be considered before Tuesday 1st October 2024. Completed forms must be sent to the Jersey Christmas Appeal no later than Sunday 17th November.
8. **Additional forms can be obtained by calling 857689 or on-line and printed for endorsement by any Referring Agency named in item 2.**
9. For further information please see [www.jerseychristmasappeal.je](http://www.jerseychristmasappeal.je)

**REFERRED BY:**  
**(Name of Organisation /**  
**Official Stamp)**

**HAVING ASSESSED THIS APPLICATION, I HEREBY ENDORSE THIS APPLICATION FOR ASSISTANCE FROM THE JERSEY CHRISTMAS APPEAL.**

Endorsed by

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



Lions Club of Jersey



Rotary Club of Jersey



Rotary Club de la Manche



Jersey Round Table



Soroptimists



RADIO JERSEY



Jersey Evening Post