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JOLLIFFE & CO LLP  
SOLICITORS  
6 ST JOHN STREET  
CHESTER  
CH1 1DA

**APPLICATION FOR A GRANT – EQUIPMENT AND TRIPS**

Applications for Students under 18 years must be completed by Parent/Guardian

**SURNAME:** \_\_\_\_\_

**FIRST NAMES:** \_\_\_\_\_

**FULL HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **POST CODE:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

**\*\* PLEASE NOTE THAT A LAND LINE NUMBER SHOULD BE GIVEN IN ANY REQUESTS FOR COMMUNICATION DUE TO THE HIGH COST TO THIS CHARITY OF CALLS TO MOBILE TELEPHONES.**

**EMAIL:**

**\*\*\* PLEASE PROVIDE A CURRENT EMAIL ADDRESS. THIS WILL BE THE PREFERRED METHOD OF COMMUNICATION AND SHOULD THEREFORE BE REGULARLY MONITORED. EACH CHARACTER MUST BE CLEARLY PRINTED. WHEN USING DASHES (-) OR UNDERSCORE (\_) PLEASE ENSURE THESE ARE CORRECTLY PLACED AND INDICATED.**

**DATE OF BIRTH:** \_\_\_\_\_ **BIRTHPLACE:** \_\_\_\_\_

**SECTION A**

***THIS SECTION TO BE COMPLETED FOR APPLICATIONS FOR EQUIPMENT/BOOKS SPECIALIST CLOTHING OR MISCELLANEOUS ITEMS ONLY. FOR TRIPS/VENTURES/ PROJECTS GO TO SECTION B***

**NAME OF COLLEGE/ORGANISATION:**

\_\_\_\_\_

**COURSE NAME, OR ROLE OF STUDENT:**

\_\_\_\_\_

**START DATE:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

**PTO/...**

**SECTION A Contd/...**

**DETAILS OF REQUIREMENT FOR GRANT:**

<b>ITEM</b>	<b>COST</b>

**SECTION B**

*THIS SECTION TO BE COMPLETED ONLY FOR A TRIP/VENTURE/PROJECT.*

**ORGANISATION/ORGANISER:** \_\_\_\_\_

**LOCATION OF TRIP/VENTURE/PROJECT:** \_\_\_\_\_

**START DATE**  **END DATE**

**PURPOSE, FULL DESCRIPTION AND SCHEDULE OF TRIP/VENTURE/PROJECT:**

<b>ITEM</b>	<b>PROVIDED (YES/NO)</b>	<b>TOTAL COST IF NOT PROVIDED</b>
<b>ACCOMMODATION</b>		
<b>FOOD</b>		
<b>EQUIPMENT/SPECIALIST CLOTHING/BOOKS</b>		
<b>TRAVEL</b>		
<b>OTHER (DESCRIPTION)</b>		

Have any applications been made for any other loans/grants?  
(including Student Finance)

Yes  No

If so, state amounts of awards and name the providers:

GRANT SUM	LOAN SUM	PROVIDER	NOTES

**COPIES OF ANY GRANT/LOAN/STUDENT FINANCE AWARD CONFIRMATION INCLUDING BREAKDOWN OF GRANT/LOAN SHOULD ACCOMPANY THIS APPLICATION.**

**\*\*PLEASE NOTE – Applications should not be submitted and will not be considered by the Governors until this information is known and completed, and documentary evidence provided.**

**STUDENT ANNUAL INCOME:**

Please provide details of total income from part-time jobs or other sources:

Income: £  Savings £

From: \_\_\_\_\_

**OTHER INFORMATION WHICH THE PARENT/GUARDIAN OR STUDENT WISH TO BRING TO THE ATTENTION OF THE GOVERNORS: (A separate sheet may be attached if necessary)**

**This section to be completed by Parents/Legal Guardian**

**NOTE: This section MUST be completed – whether the student is independent or not. Only when there is no contact with parents or when parents are deceased may these figures be left blank. In absence of either or both parents, if there is still contact, a figure must be given. If no figures are provided for either parent, then a reason must be given here as to why no figures can be provided:**

**REASON FOR NON-COMPLETION:**

**OCCUPATION OF FATHER/GUARDIAN:** \_\_\_\_\_

**OCCUPATION OF MOTHER/GUARDIAN:** \_\_\_\_\_

**FATHER/GUARDIAN**

**Gross Annual Income: £**

**Child Benefit: £**

**Total other Benefits: £**

**State Pension: £**

**Occupational Pension: £**

**Other Pension: £**

**Any other income: £**

**TOTAL:**

£

**MOTHER/GUARDIAN**

**Gross Annual Income: £**

**Child Benefit: £**

**Total other Benefits: £**

**State Pension: £**

**Occupational Pension: £**

**Other Pension: £**

**Any other income: £**

**TOTAL:**

£

**TOTAL SAVINGS/INVESTMENTS**

£

**IN THE EVENT OF DIVORCE/SEPARATION DOES THE ABSENT PARENT PAY MAINTENANCE? HOW MUCH?**

£

**DEPENDENTS OTHER THAN STUDENT APPLICANT:**

NAME	DOB	SCHOOL	ANNUAL EDUCATION COSTS

**I declare that the Statements made in this application are, to the best of my knowledge and belief, correct in every respect.**

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE ENSURE THAT YOU INCLUDE WITH YOUR APPLICATION:**

- 1. A PHOTOCOPY BIRTH CERTIFICATE (do not send original documents).**  
Please note: For students born but not residing in Chester, this must be the FULL copy (i.e. showing the Countess of Chester Hospital, not just “Chester and Ellesmere Port”. If the original full copy is not held, copies can be obtained at the Government site on line for a nominal fee.
- 2. PHOTOCOPIES OF ANY GRANT/LOAN AWARDS (do not send original documents).**
- 3. A STAMPED, ADDRESSED ENVELOPE**

**Then return your completed application form to:-**

**Mr P J Anderson  
Clerk to the Governors  
Educational Foundation of Dr Robert Oldfield  
6 St John Street  
Chester  
CH1 1DA**

Applications are **not acknowledged**, due to the high volume of student applicants. Your application will be considered by the Governors and you should normally receive a decision within 4-6 weeks.

**Data Protection Statement**

We are a Charity which considers applications for assistance towards Education. Any information you give to us will be held securely and in accordance with the rules on data protection. We will treat personal details as private and confidential and safeguard them.

It is part of the Trustees’ responsibilities to ensure that applications qualify under the terms of the Charity Deed. Trustees therefore need to investigate the personal circumstances of applicants/parents. Information may be requested from or shared with relevant organisations but none will be disclosed for any inappropriate purpose. Other organisations include, where relevant:

- Schools and Colleges
- Other Charities

We do not disclose any of your information for marketing purposes. You may have access to your personal information on request.

The Data Protection Act 1998 regulates the use of 'personal data', which is essentially any information, whether kept in computer or paper files, about identifiable living individuals. As a 'data controller' under the Act, we must comply with its requirements.

I hereby give consent for my School or College to release relevant personal information to you ..... for the purposes of assessing my application.      Student Signature
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We are unable to return original documents. Archived documents are destroyed in accordance with our retention policy.

**WHERE DID YOU HEAR ABOUT THE CHARITY?** \_\_\_\_\_