



## Application for School Clothing Grant

The information given will be treated as strictly confidential.  
This form when completed should be sent to the above address.  
Please use **capital letters** throughout.

**If you need assistance in  
completing this form please  
contact the department**

### About yourself

My full name is (Mr/Mrs/Miss/Ms)

Date of birth

My present address is

Postcode

Date moved to this address

My previous address was (only if you have moved in the last 2 years)

Postcode

My relationship to child(ren)  
Tick one box only.

- Mother    If Other, please state:  
 Father  
 Other

Telephone no.

Your National Insurance No.

Are you a single parent?     Yes     No

Have you received Uniform Grant previously?  
If Yes, date received

Yes     No  
Name of paying Authority

**Please tick which benefit, if any, you are receiving. Please provide letters of proof valid within the last three months.**

- Income Support** - please provide a recent Jobcentreplus letter stating that you receive this benefit.
- Jobseeker's Allowance (Income-based)** - please provide a recent Jobcentre letter stating that you receive this benefit.
- Child Tax Credit/Working Tax Credit** and have an annual taxable income, as assessed by the Inland Revenue, **of less than £16,190** from 6 April 2011 - please provide your Tax Credit Award Notice (TC602).
- An Income-Related Employment and Support Allowance**, please provide proof.
- Pension Tax Credit** and have an annual taxable income, as assessed by the Inland Revenue, of less than £16,190 from 6 April 2011
- The 'Guaranteed' element of State Pension Credit** - please provide your Pension Credit M1000 Award Notice.
- Financial support, in accordance with the Immigration and Asylum Act 1999, from the **National Asylum Support Service (NASS)** or the Council's Asylum and Resettlement Team - please provide a letter from NASS.

### About your children

**Details of children for whom application is made**

*(Please submit confirmation of Child Benefit and copy of birth certificate(s) confirming names and dates of birth of child/children).  
Please do not submit birth certificate of the child you have previously applied for.*

Surname (Last name)	First name(s)	Boy or Girl	Date of birth	Name of Secondary School

Names of all other children **(including adopted children)** living at home, for whom you receive Child Benefit.

Surname (Last name)	First name(s)	Boy or Girl	Date of birth	School (if any)

How quickly you receive your clothing grant depends on you providing proof of your benefits to Business Support Services Section.  
(Please note School Clothing Grants are only payable to pupils at Secondary Schools).

# PLEASE TICK APPROPRIATE BOX AND SIGN DECLARATION

## Monitoring Information

The Authority has a responsibility under the Citizen's Charter to collate information on ethnicity. It would be helpful if you could complete this section.

**Ethnic origin** - How would you describe your ethnic origin? *Please tick appropriate box*

White British-English	<input type="checkbox"/>	Other White Background	<input type="checkbox"/>	Black Ghanaian	<input type="checkbox"/>
White British-Scottish	<input type="checkbox"/>	Dual White/Caribbean	<input type="checkbox"/>	Black Somali	<input type="checkbox"/>
White British-Welsh	<input type="checkbox"/>	Dual White/Black African	<input type="checkbox"/>	Other Black African	<input type="checkbox"/>
Other White British	<input type="checkbox"/>	Dual White/Asian	<input type="checkbox"/>	Other Black Background	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White Traveller/Irish Heritage	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Afghani	<input type="checkbox"/>
White Gypsy/Roma	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Arab Other	<input type="checkbox"/>
White Albanian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Filipino	<input type="checkbox"/>
White Bosnian/Herzegovinian	<input type="checkbox"/>	Sinhalese	<input type="checkbox"/>	Iranian	<input type="checkbox"/>
White Croatian	<input type="checkbox"/>	Sri Lankan Tamil	<input type="checkbox"/>	Iraqi	<input type="checkbox"/>
White Kosovan	<input type="checkbox"/>	Other Asian Background	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>
White Serbian	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Lebanese	<input type="checkbox"/>
Turkish/Turkish Cypriot	<input type="checkbox"/>	Black Nigerian	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>

## Data Protection

This Authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

The information supplied on this form will be held on computer by this Authority and will be subject to the terms of the Data Protection Act 1984.

## Declaration

To be signed by both parents (or guardians). If this is not possible (e.g. one parent family) the fact should be stated.

**IF YOU DO NOT ATTACH ALL THE NECESSARY DOCUMENTS WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION, AND IT WILL BE RETURNED TO YOU**

I/we hereby declare that the information on this form is correct.

I/we undertake to notify the Council immediately my/our benefit stops.

I/we authorise the LA to check the details with the DSS.

Signed \_\_\_\_\_ (Mother/stepmother or Guardian) Date \_\_\_\_\_

Signed \_\_\_\_\_ (Father/stepfather or Guardian) Date \_\_\_\_\_