**THE FLEXIBLE FUND APPLICATION FORM**

***If you are making a self-referral and need assistance with completing this form, please call Wycombe Women’s Aid on 01494 461 367 and we can support you.***

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| **Date of application** | **Date application received (office use only)** |
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| **Name of referrer (if not self-referral)** | **Agency of referrer (if not self-referral)** | **Telephone number and email address of referrer (if not self-referral)** | **Has the survivor consented to this referral? (Yes/No)** | **What is the survivor’s risk level? (High/Medium/**  **Standard/**  **Unknown)** |
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| --- | --- | --- |
| **Name of person in need of funding** | **Address** | **Telephone number and email address** |
|  |  |  |
| ***Is it safe to make contact?*** |
| **Age** | **Gender** | **Ethnicity** |
|  |  |  |
| **Sexual Orientation** | **Gender Identity** | **Disability (Yes/No)** |
|  |  |  |
| **Type of disability (if applicable)** | **Pregnant (Yes/No)** | **Marital / Civil Partnership Status** |
|  |  |  |
| **Religion / Belief** | **Relationship of Abuser to applicant** | **Duration of abuse** |
|  |  |  |

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| --- | --- | --- |
| **Drug support need (Yes/No)** | **Alcohol support need (Yes/No)** | **Mental Health support need (Yes/No)** |
|  |  |  |
| **Wheelchair accessibility need (Yes/No)** | **Sensory need (Yes/No)** | **Communication need (Yes/No)** |
|  |  |  |
| **Language support need / interpreter required** | **Criminal Justice System involvement (Yes/No)** | **Sex Worker (Yes/No)** |
|  |  |  |
| **Employment status** | **Eligible for UK benefits (Yes/No)** | **Rough sleeping (Yes/No)** |
|  |  |  |
| **Experiencing Honour Based Violence (Yes/No)** | **Experiencing Forced Marriage (Yes/No)** | **Housing status (e.g. Housing Association / Private Rented / Owner)** |
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| **Please outline the reasons for the referral to the Flexible Fund** | | |
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| **How will funding help to keep the survivor safe?** |
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| **If this application is not successful what would be the consequence for the survivor?** |
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| **What amount are you requesting and what specifically would this be spent on?** |
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**I confirm that the information given on this form is true and correct to the best of my knowledge.**

|  |  |
| --- | --- |
| **Signature:** | **Date:** |

Please email completed form to **flexiblefund@wycombewomensaid.org.uk**

*If you are not able to email the form to us, please call Wycombe Women’s Aid for assistance on 01494 461367.*

The data you provide will be used only for the purposes of assessing an award from the Flexible Fund. Anonymised data will be used for monitoring purposes.

No personal data will be shared with external agencies unless we are required to do so by law.

**FOR OFFICE USE ONLY**

|  |  |  |
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| **Is ID required to confirm identity? (Y/N)** | **If Yes, date obtained and verified:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Notes about any further information that has been obtained / may be required** | | | | | |
|  | | | | | |
| **Date decision made:** |  | **Outcome of decision:** |  | **Date survivor/referrer informed:** |  |

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| **If funding awarded, date safety planning and housing related advice offered:** |  |
| **Safety planning and housing related advice accepted? (Yes/No):** |  |

|  |  |
| --- | --- |
| **If funding declined, reason for decline** | |
|  | |
| **If funding awarded, amount of funding awarded:** | **£** |
| **Who should the money be paid to (name and contact details of supplier / organisation / individual)** | |
|  | |
| **Account details (Name of bank, name of account, sort code and account number)** | |
|  | |
| **Date Operations Manager informed about making payment:** |  |
| **Date payment made:** |  |
| **Date receipt of payment confirmed:** |  |
| **Date delivery of goods/services confirmed:** |  |