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|  PLEASE PRINT CLEARLY & COMPLETE FULLYApplicants Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_ Last Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_Darlington Hartlepool Middlesbrough Redcar & Cleveland Stockton on TeesNASS/Home Office Ref \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Origin \_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female /Married/Single # dependents in UK \_\_ Age of children \_\_\_ Date of this application \_\_\_\_\_\_\_\_\_\_\_When did your support stop? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Details of any help or requests to other organisations. Open Door? \_\_\_\_ Justice First? \_\_\_\_ Red Cross? \_\_\_\_If so, what support (advice / support)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Any other sources of help or support (i.e. family or friends)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Status. ARE? \_\_\_\_\_\_ Fresh Application submitted? \_\_\_\_\_ Live case at present? \_\_\_\_\_\_\_\_\_Most recent or current legal representative. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Documents seen and checked: Mears termination letter (date)? \_\_\_\_\_\_\_\_\_\_ UKVI letter (date)? \_\_\_\_\_\_\_\_\_\_\_\_Amount Agreed. £\_\_\_ Collection location. Middlesbrough \_\_\_ Stockton \_\_\_ Hartlepool \_\_\_ Darlington \_\_\_**DECLARATION** I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorise Mary Thompson Fund to contact other agencies linked with my asylum application, and receive updates on my support situation. I understand that this is to ensure my continuing entitlement to help from Mary Thompson FundSignature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt of donation signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Referral agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ----------------------------------------------------------------------------------------------------------------------------------------FOR OFFICE USE ONLY Please Pay: Applicant Worker NERS Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Decision £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of decision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trustee Authorisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refund Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cheque No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date letter/s sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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