

Application for Grant to Relieve Physical Hardship – Gardening

Please submit all applications to **115 New London Road, Chelmsford, Essex, CM2 0QT**, marked for the attention of the Membership Services Team. Please note that the maximum available grant payment for each application is £300.

All submissions for grants must be received by the end of the gardening year (no later than 31 December), complete with receipts/proof of work slips.

1. YOUR DETAILS

Surname:	Forenames:
Address:	
Town/County:	Postcode:
Telephone:	Mobile:
Email:	
Membership No:	Branch:
Date of Birth:	
Membership Grade: <input type="checkbox"/> Ordinary <input type="checkbox"/> Associate <input type="checkbox"/> Widow	

2. GARDENING GRANT

Garden Grant and Size of Plot (Please tick where applicable)

2A. I wish to apply for a Gardening Grant

2B. Area of garden requiring maintenance (square yards/metres): _____

Receipts and Payment (Please put a cross in the appropriate box)

2C. I attach my gardener's receipt/s as proof of payment

2D. I do not have a gardener's receipt/s

2E. My receipt/s is not on gardener's headed paper

If your receipt/s is NOT on gardener's headed paper, please complete Section 3 – Proof of Garden Work – overleaf.

3. PROOF OF GARDEN WORK (To be completed by gardener)

Gardener's Name:
Gardener's Address:
Town/County:
Postcode:
Telephone:

"I, _____, hereby declare to have received payment of £_____ for labour only, at a rate of £_____ per hour for a total number of _____ hours. The information I have given is correct and complete to the best of my knowledge and belief."

Gardener's signature: _____ Date: _____

4. PAYMENT AND BANK DETAILS

Please complete this section if we do not have your bank details already. If you prefer we can pay you by cheque

Name of Bank/Building Society:
Address of Bank/Building Society:
Town/County:
Postcode:
Telephone (if known):
Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sort Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

5. DECLARATION

Before you submit your form, you must sign and date the following statement:

"The information provided in this application is correct and complete to the best of my knowledge and belief."

Member's Signature: _____ Date: _____