

Application for Donation of Furniture

(This information will be treated in strict confidence)

Title: Miss/Mrs/Mr/Ms

Full Name:

Address:

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Tel No: **Mobile No:**

Your Date of Birth: **Your Place of Birth:**

How long have you lived in North East Lincolnshire:

Your National Insurance No:

Name of Partner (at same address)

Partner's Date of Birth: **Partner's Place of Birth:**

How long have you lived in North East Lincolnshire:

Your National Insurance No:

Date you moved into or intend to move into your property:

How did you hear about CARE?

Do you receive income from paid work?	Yes	No
(Please circle as appropriate)		

Does your partner receives income from paid work?	Yes	No
(Please circle as appropriate)		

Names and ages of all dependant children who live with you:

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Have you received help from the CARE shop before? Yes No
(Please circle as appropriate)

If the CARE shop has helped you before, please give details:

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Is your home? a) Owned Yes No
(Please circle) b) Rented from a Private Landlord Yes No
c) Rented from a Housing Association Yes No
d) Other Yes No

What items of furniture are absolutely necessary and how urgent is the need:

! Please note that we receive very few ‘white goods’ so we suggest that you do not list them amongst the items below !

Necessary Item of Furniture	How Urgent is the need?	For Office Use Only

Please explain the reasons that have lead to this need arising:
(i.e: the story leading up to your present circumstances.)

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Please give details of your financial situation:

(Please show as a weekly figure)

Do you have any savings? **Yes** **No**

Amount & type of State Benefit?

Amount of Local Housing Allowance (Housing Benefit)?

Amount of Rent?

Income from your paid work?

Income from your partner's paid work?

Are you being supported by Social Services or any other organisations?

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Have you applied to the Social Fund, if so do you have evidence of a decision?

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Have you received help from any other furniture recycling company?

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If yes please give details of furniture you received and where from

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Is there anything else you may wish to tell us that you feel may be relevant?

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**PLEASE SIGN AND DATE THIS FORM AND RETURN IT TO STEPHEN DURKIN AT:
THE CARE SHOP, 46/47 ALEXANDRA ROAD, CLEETHORPES, DN35 8LE, OR EMAIL TO:
shop@carenelincs.co.uk**

Signed **Date**

Equal Opportunities Monitoring Form

We keep records of people who apply to us for support. This is to ensure that our service is provided on an equal basis without discrimination on the grounds of age, gender, race, ethnicity, sexuality, disability or religion. Any information you choose to give us will be treated in confidence and will be used for monitoring purposes only.

PLEASE TICK AS APPROPRIATE :			Male <input type="checkbox"/>				Female <input type="checkbox"/>			
AGE:	under18	18-24	25-29	30-34	35-39	40-49	50-59	60-69	70 +	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ETHNICITY:										
White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Any other White background <input type="checkbox"/>							
Black or British Black	African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Any other Black background <input type="checkbox"/>							
Asian or British Asian	Bangladeshi <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>						
Mixed	White and Asian <input type="checkbox"/>	White and Black African <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	Any other Mixed background <input type="checkbox"/>						
Chinese or other ethnic group	Chinese <input type="checkbox"/>	Arab <input type="checkbox"/>	Other – please detail							
Traveller	Gypsy <input type="checkbox"/>	Romany <input type="checkbox"/>	Irish Traveller <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>						
SEXUAL ORIENTATION:										
Bisexual <input type="checkbox"/>	Gay <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>						
TRANSGENDER :										
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>								
EX-ARMED FORCES PERSONNEL (e.g. Army, RAF, Royal Navy) :										
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>								
DISABILITY:										
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	If yes, please tick relevant box below:							
Mobility <input type="checkbox"/>	Visual Impairment <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>	Mental Health condition <input type="checkbox"/>							
Autistic Spectrum Condition <input type="checkbox"/>	Learning disability/difficulty <input type="checkbox"/>	Progressive Disability /Chronic Illness (e.g. MS, Cancer) <input type="checkbox"/>	Other - please detail							
RELIGION:										
Buddhist <input type="checkbox"/>	Hindu <input type="checkbox"/>	Sikh <input type="checkbox"/>	Muslim <input type="checkbox"/>							
Jewish <input type="checkbox"/>	Christian <input type="checkbox"/>	None <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	Not known <input type="checkbox"/>		Other - please detail				
MARITAL STATUS:										
Single <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Living with Partner <input type="checkbox"/>	Other – please detail					
REFERRING AGENCY:										
POST CODE OF APPLICANT:										

Thank you for taking the time to provide this information.